

# Spruce Grove Curling Club Registration 2018/2019 Season

LEAGUE NIGHT: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

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| POSITION | NAME AND EMAIL *(REQUIRED FOR ALL MEMBERS)* | PHONE (min. 1 REQUIRED) | PLAY A SECOND NIGHT? WHICH LEAGUE | Want to be a spare? Which night? | playing right # |
|----------|---|-------------------------|-----------------------------------|----------------------------------|-----------------|
| Skip     | NAME  | hm                      |                                   |                                  |                 |
|          |   | wk                      |                                   |                                  |                 |
|          | EMAIL*                                      | cell                    |                                   |                                  |                 |
| 3rd      | NAME  | hm                      |                                   |                                  |                 |
|          |   | wk                      |                                   |                                  |                 |
|          | EMAIL*                                      | cell                    |                                   |                                  |                 |
| 2nd      | NAME  | hm                      |                                   |                                  |                 |
|          |   | wk                      |                                   |                                  |                 |
|          | EMAIL*                                      | cell                    |                                   |                                  |                 |
| Lead     | NAME  | hm                      |                                   |                                  |                 |
|          |   | wk                      |                                   |                                  |                 |
|          | EMAIL*                                      | cell                    |                                   |                                  |                 |
| Extra    | NAME  | hm                      |                                   |                                  |                 |
|          |   | wk                      |                                   |                                  |                 |
|          | EMAIL*                                      | cell                    |                                   |                                  |                 |

\*PLEASE SIGN THE PRIVACY ACT POLICY (PAGE 2) IN ORDER TO RELEASE YOUR PHONE NUMBERS SO YOU MAY BE CONTACTED.

| Office Use Only         | Skip | 3rd | 2nd | Lead | Extra |
|-------------------------|------|-----|-----|------|-------|
| Payment Date            |      |     |     |      |       |
| Enter \$ Amount         |      |     |     |      |       |
| Cash/Cheque Number/Visa |      |     |     |      |       |
| Receipt Given           |      |     |     |      |       |
| Late Fees charged       |      |     |     |      |       |

REGISTRATION FEES TO BE PAID BY SEPTEMBER 6, 2018. IF YOU PAY AFTER SEPTEMBER 6, 2018 YOU CAN NOT RECEIVE THE DISCOUNT AND WILL PAY THE REGULAR FEE.

## **INFORMATION ON PRIVACY ACT POLICY:**

- 1.) This club endeavors to only collect personal information that is reasonably required to establish and maintain a specific relationship with the club and the Northern Alberta Curling Association (NACA)
- 2.) This club and NACA will only use the personal information it collects in order to establish and maintain their relationship with this club and NACA, unless we obtain specific permission to use that personal information for other purposes.
- 3.) This club and NACA will endeavor to ensure that the personal information received is as complete and up-to-date as necessary for the purposes for which it is to be used. If there is inaccurate personal information in an individual's file, the individual may update and correct any errors by contacting the Club Manager.
- 4.) Personal information is never sold or shared with outside groups or sponsors.
- 5.) Individuals may access their personal file by submitting a request, either in writing or by email to the Club Manager
- 6.) By completing and submitting this registration form you are giving your consent to the SPRUCE GROVE CURLING CLUB to collect, use and disclose our personal information as needed for the club operation, including listing contact information in the MEMBERS DIRECTORY both printed and online.

Member (Skip) Signature \_\_\_\_\_  
I agree to follow the policies and procedures as outlined by the Spruce Grove Curling Club

Member (3rd) Signature \_\_\_\_\_  
I agree to follow the policies and procedures as outlined by the Spruce Grove Curling Club

Member (2nd) Signature \_\_\_\_\_  
I agree to follow the policies and procedures as outlined by the Spruce Grove Curling Club

Member (Lead) Signature \_\_\_\_\_  
I agree to follow the policies and procedures as outlined by the Spruce Grove Curling Club

Member (Extra) Signature \_\_\_\_\_  
I agree to follow the policies and procedures as outlined by the Spruce Grove Curling Club

### **CONSENT REVOCATION**

If you do not want your personal information disclosed please initial here: \_\_\_\_\_

