

Tam Heather Curling & Tennis Club

730 Military Trail, Toronto, Ontario, M1E 4P7

416-284-9251

info@tamheather.ca

www.tamheather.ca

Bantam Curling Application Form 2009/10

Name	Male <input type="checkbox"/> Female <input type="checkbox"/>	Member No.
Address	Date of Birth (mandatory)	
City	Postal code	
Home Phone ()	Email (optional)	
Emergency Contact	Phone Number ()	

Fee	\$80.00
OCA Fees (Mandatory)	7.00
	87.00
GST	4.35
	91.35
Skills Award Fee	10.00
Social Fee	10.00
Total	\$111.35
Note: Payment of fees due in full by September 30, 2009	

Method of Payment - Total payment is due prior to the start of the season

Visa Card # _____ / _____ / _____ / _____ Exp ____/____ Name on Card (Please Print)

MasterCard Card # _____ / _____ / _____ / _____ Exp ____/____ _____

Cheque(Payable to City of Toronto) Cash Debit Card Chit

Release: In consideration of the acceptance of this application by Tam Heather Curling & Tennis Club ("Tam Heather"), I hereby release the City of Toronto, Tam Heather and each of its members, officers and employees (collectively the "Releasees") from all claims for damages which I, my family and guests may have for anything done or omitted to be done as a result of negligence or otherwise in connection with the operation of Tam Heather (the "Released Claims").

Indemnity: In the event that any of the Released Claims are not effectively barred by the aforesaid release, for the same consideration I hereby agree to indemnify and save harmless each of the Releasees from all Released Claims which may be brought against them and from all costs and expenses, including legal costs, resulting from the making of a Released Claim. In addition, I agree to save harmless and to indemnify the Releasees for any and all damages or loss caused by me, by family or my guests.

Privacy Clause: Personal information collected from our members will be used in order to reach you to discuss the status of your membership with the Club, Club roster and/or by the sections in which you participate. We must also provide this information to the Ontario Curling Association when OCA fees are paid.

Parent/Guardian Name (Please print) _____

Parent/Guardian Signature _____

Date _____ / _____ / _____

(Signature confirms membership status, reading and acceptance of terms of "Release", "Indemnity" and "Privacy Clause".)