

Tam Heather Curling & Tennis Club

730 Military Trail, Toronto, Ontario, M1E 4P7 416-284-9251

www.tamheather.ca

info@tamheather.ca

Little Rocks Curling Membership Application Form 2010/11

Renewal New

Name	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Member No.	
Address	Date of Birth (Mandatory)		
City	Postal Code		
Home Phone	Email (Optional)		
Emergency Contact	Phone Number		

Fee		\$ 80.00	
HST		10.40	
		90.40	
Social Fee		10.00	
Total		\$ 100.40	

(Must be 7 years of age by December 31, 2010)

METHOD OF PAYMENT - Payment of fees due in full by September 30, 2010

Visa MasterCard Debit Card Cash Cheque **(Payable to Tam Heather Curling & Tennis Club)**

Card Number _____/_____/_____/_____ Expiry Date _____/_____

Name on Credit Card _____ (PLEASE PRINT)

Release: In consideration of the acceptance of this application by Tam Heather Curling & Tennis Club ("Tam Heather"), I hereby release the Tam Heather Curling & Tennis Club 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 damage or loss caused by me, my 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.)