

# Carleton Heights Curling Club Junior and Little Rocks Registration Form

<b>Curler's Name:</b>
Preferred Pronouns:
<b>Birthdate (mm/yyyy):</b>
<b>Program (age as of July 31)</b> <input type="checkbox"/> Juniors - ages 13 to 20 <input type="checkbox"/> Little Rocks - ages 7 to 12
<input type="checkbox"/> Are you new to the CHCC Youth Program <input type="checkbox"/> Are you a new curler that requires instruction
<b>Are there any medical conditions that we should be aware of?</b>

<b>Parent/Guardian:</b>
<b>Address:</b>
<b>Emergency phone contact #:</b>
<b>Email Address(es):</b>

I hereby agree to the collection and use of the above personal information solely as provided for in the CHCC Privacy Policy, a copy of which has been made available to me on the CHCC website and on the bulletin board at the curling club.
<b>Signature of parent/guardian:</b>
<b>Date:</b>

## Rowan's Law

- Under Rowan's Law, your sports organization will ask you to confirm that you reviewed one of the Concussion Awareness Resources in this website before you can register/participate in a sport:

<https://www.ontario.ca/page/rowans-law-concussion-awareness-resources>

- You must review one of the resources once a year, and then confirm that you have completed the review every time you register with a sports organization. If you want to use this form to show that you have reviewed the concussion awareness resource, you can provide the completed form to your sports organization(s).
- If you would like to have a record of your review of the concussion awareness resource, you can complete this form and keep it as a receipt to remind you of the date on which you reviewed it.
- Once you complete this form, you can save it (to your personal device/computer) or print this page to share with your sports organization and/or to serve as a reminder of when to review the Concussion Awareness Resources again next year.

I, \_\_\_\_\_ (child name) confirm that I have reviewed a Concussion Awareness Resource.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (yyyy/mm/dd)

I, \_\_\_\_\_ (parent/guardian name) confirm that I have reviewed a Concussion Awareness Resource.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (yyyy/mm/dd)

*Disclaimer: Your completion of this form will not constitute confirmation that you have reviewed the concussion awareness resources for the purpose of Rowan's Law (Concussion Safety), 2018. If you want to use this form to show that you have reviewed the concussion awareness resources, you must provide the completed form to your sports organization(s). This form will not be saved by the Government of Ontario and the Government of Ontario assumes no responsibility for confirming that you have reviewed the concussion awareness resource.*