

## Receipt of Review of Concussion Awareness Resource

Thank you for completing your review of the Concussion Awareness Resource.

- Under *Rowan's Law*, your sport organization will ask you to confirm that you reviewed one of the Concussion Awareness Resources in this website ([Ontario.ca/concussions](http://Ontario.ca/concussions)) before you can register/participate in a sport.
- 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 sport 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 sport 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 sport organization and/or to serve as a reminder of when to review the Concussion Awareness Resources again next year.

### Receipt of Review

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

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

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 sport 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.

# Pakenham Curling Club

## MEMBERSHIP APPLICATION FORM 2020 - 2021

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

Street: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ -- \_\_\_\_\_

Tel. No. :(home) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell. No. \_\_\_\_\_ - \_\_\_\_\_ -- \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ (for Newsletter Distribution)

**ALL NEW and RETURNING MEMBERS must complete a Membership Form** to help maintain the Club's records, one form per applicant.

Place the form with your membership cheque into the box at the Club or mail to

**Bill Pennings, 3895 Loggers Way, Kinburn, On. K0A-2H**

Membership Fees are due the first day / night of curling

**FEES NOT PAID BY DEC 15 ARE SUBJECT TO A \$25.00 SURCHARGE**

**Please select a category, check box and with chq or cash put in membership box**

<b>X CATEGORY</b>	<b>FEE</b>
Full Member	\$370
Full Member per draw	\$180
Daytime Member	\$270
Daytime Member per draw	\$125
One night ONLY per week - (team curling)	\$340
<b>Doubles</b> Tuesday night group per session "see website for details"	\$90
<b>Mixed Doubles</b> "Refer to website for details" \$60. Ea.	\$120
<b>Doubles</b> The ladder group "Refer to website for details"	\$60
Student Member*	\$120
Associate Member	\$50
Juniors (up to 16 yrs.)	\$85

I, the above Membership Applicant, will abide by the Club's constitution, by-laws, & rules:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- Daytime Members may spare on weeknights  
 \* Student Members may curl on weeknights if spots are available, for more information please call  
 613-832-1329 or e-mail: [billpennings1@gmail.com](mailto:billpennings1@gmail.com) (Membership Coordinator)  
 E-TRANSFER PAYMENT WITH MEMBERSHIP FORM TO: [billpennings1@gmail.com](mailto:billpennings1@gmail.com)