



TIC TAP TOC

Participation Form

TTT EVENT INFORMATION

Host Curling Club : _____

TTT Event Date : _____

PARTICIPANT INFORMATION

Name and Last Name : _____

Address : _____

Email : _____

Phone : _____

Date of Birth : _____

Age Category : 6-8 9-10 11-13

PARENT/LEGAL GUARDIAN INFORMATION

Name and Last Name : _____

Email : _____

Phone : _____

I declare that I am aware of the sport of curling and I acknowledge that it may result in minor or significant injuries, including those related to a fall on the ice. I undertake to inform the participant about the dangers of curling and I declare that I have voluntarily enrolled the participant in the TTT event. Consequently, I fully and completely release the host club and Curling Québec (including the persons for whom they are responsible) from any claim or suit of any kind whatsoever relating directly or indirectly to the TTT event and I waive rights to any claim or suit.

I authorize the distribution of any image or video of my child as a “TTT participant”, in whole or in part by the host club or Curling Québec, to be used for promotional purposes on websites or other media.

Parent/Legal Guardian (print)	Parent/Legal Guardian (signature)	Date
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