

REGISTRATION PROCEDURES FOR THE 2015 PALOUSE BONSPIEL

Registration

All teams entering the Palouse Bonspiel must:

1. Complete the attached Team Registration Form.
2. Team members must also **sign and date** the attached Player Affidavit/Waiver Form.

Registration fees must be received by the Palouse Curling Club or Palouse Ice Rink office before the bonspiel.

Registration fees for are:

- \$100 per team for all adult teams per category,
- \$40 registration fee for college or high school teams

All checks are to be made payable to the **Palouse Ice Rink**.

Registration Deadlines:

In all cases, the registration deadline will be **5:00 pm** on April 9, 2015.

Eligibility:

Any team can enter. The Palouse Bonspiel is designed for novice to intermediate level teams.

Length of Competitions:

The start date of competitions will depend on the number of teams entered. **All teams should be prepared to begin play during the afternoon of Friday April 10.** All competitions play to completion and end on Sunday, unless extenuating circumstances apply.

Address:

Completed registration packages are to be sent to the following address:

Palouse Curling Club

C/O Palouse Ice Rink

P.O. Box 8023

Moscow, ID 83843

E-Mail: palouseicerinkstaff1@gmail.com

Confirmation:

Teams will be provided a copy of the schedule and draw for their competition in a timely manner following the registration deadline of their respective championship events

TEAM REGISTRATION FORM

Name of Competition: Palouse Bonspiel

Dates of Competition: April 10-12, 2015

Location: Palouse Ice Rink, Moscow, Idaho

TEAM NAME _____

Skip: First Name: _____
Address: _____
Phone (Cell): _____
Fax: _____
Date of Birth: _____

Last Name _____
Zip Code _____
Phone (Home): _____
E-Mail: _____

3rd: First Name: _____
Address: _____
Phone (Cell): _____
Fax: _____
Date of Birth: _____

Last Name _____
Zip Code _____
Phone (Home): _____
E-Mail: _____

2nd: First Name: _____
Address: _____
Phone (Cell): _____
Fax: _____
Date of Birth: _____

Last Name _____
Zip Code _____
Phone (Home): _____
E-Mail: _____

Lead: First Name: _____
Address: _____
Phone (Cell): _____
Fax: _____
Date of Birth: _____

Last Name _____
Zip Code _____
Phone (Home): _____
E-Mail: _____

5th: First Name: _____
Address: _____
Phone (Cell): _____
Fax: _____
Date of Birth: _____

Last Name _____
Zip Code _____
Phone (Home): _____
E-Mail: _____

PLAYER AFFIDAVIT AND PARTICIPANT WAIVER

I, the undersigned, understand that there are expectations of me as to my conduct and behavior at the competitions. I agree to abide by the rules and requirements as outlined in the US Curling Association's Policy and Procedures Manual and tournament rules as discussed with tournament director.

I also give my consent to the RVMP, Inc. dba Palouse Ice Rink and its representatives to obtain medical care for myself from any licensed physician or clinic should an injury occur while participating in this curling tournament. By signing below, I hereby release and discharge the RVMP, Inc. dba Palouse Ice Rink, its employees, management, Board of Directors and their representatives from any and all claims for personal injuries.

Name: _____ (please print) Date: _____

Signature: _____

Under 18: _____ (Signature of Parent)

Name: _____ (please print) Date: _____

Signature: _____

Under 18: _____ (Signature of Parent)

Name: _____ (please print) Date: _____

Signature: _____

Under 18: _____ (Signature of Parent)

Name: _____ (please print) Date: _____

Signature: _____

Under 18: _____ (Signature of Parent)

Name: _____ (please print) Date: _____

Signature: _____

Under 18: _____ (Signature of Parent)

Name: _____ (please print) Date: _____

Signature: _____

Under 18: _____ (Signature of Parent)

NOTE: All team members are required to complete and sign the above affidavit/waiver.