**TECHNICAL**

**OFFICIAL  
MANUAL**

**FORMS**



Version October 2020

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If you find any errors or omissions, or can suggest ways to improve the contents, please send comments to:

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# competition forms

(forms on next pages)

## Original Line-Up Form

COMPETITION:

DATE / LOCATION:

**ORIGINAL TEAM LINE-UP FORM**

**TEAM:** MEN: WOMEN:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (Delivering Order) | | FIRST NAME | FAMILY NAME |  | L/R | | | TC | | | |
| **FOURTH** | |  |  |  |  | | |  | | | |
| **THIRD** | |  |  |  |  | | |  | | | |
| **SECOND** | |  |  |  |  | | |  | | | |
| **LEAD** | |  |  |  |  | | |  | | | |
| **ALTERNATE** | |  |  |  |  | | |  | | | |
|  | | | | | |  | | |
| **SKIP** | |  |  |  |  | |  | | | |
| **VICE-SKIP** | |  |  |  |  | |  | | | |
|  | | | | | |  | | |
|  | |  |  |  |  | | | TC | | | |
| **TEAM COACH** | |  |  | | | | |  | | | |
| **2nd OFFICIAL**  **ROLE:** | |  |  | | | | |  | | | |
| **3rd OFFICIAL**  **ROLE:** | |  |  | | | | |  | | | |
|  |  | | | | | | | | |
| **SIGNATURE** | |  | | | | | | | | | |
| **PHONE / ROOM NUMBER**  **(IN CASE OF EMERGENCY)** | | | | | | | | | | | |
| **E-MAIL ADDRESS** | | | | | | | | | | | |

**NOTE:**

L/R - Indicate if the player delivers with the left or right hand.

TC – Indicate which person (1) is the Team Contact person (off the ice) for the Umpires.

For every game the order can be changed using the Game Team Line-up form.

The Original Team Line-Up will be used for the "curling history", the presentation of the team and the medal ceremony.

Only the playersand two team official listed on this form will be allowed access to the Coach Bench.

## Original Line-Up Form Mixed Doubles

COMPETITION:

DATE / LOCATION:

ORIGINAL TEAM LINE-UP FORM MIXED DOUBLES

**TEAM:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | FIRST NAME | FAMILY NAME | L/R | TC |
| **FEMALE** |  |  |  |  |
| **MALE** |  |  |  |  |
|  | | | | |
|  | | | | |
| **TEAM COACH** |  |  |  |  |
| **2nd TEAM OFFICIAL**  **ROLE:** |  |  |  |  |
|  | | | | |
| **SIGNATURE** |  | | | |
| **PHONE / ROOM NUMBER (IN CASE OF EMERGENCY)** | | | | |

**NOTE:**

L/R - Indicate if the player delivers with the left or right hand.

TC – Indicate which person (1) is the Team Contact person (off the ice) for the Umpires.

The Original Team Line-Up will be used for the "curling history", the presentation of the team and the medal ceremony.

Only the persons listed on this form will be allowed access to the coaches' bench.

If a team needs a translator, this has to be marked on this form under “role” of the 2nd team official.

## Game Team Line-Up Form

COMPETITION:

DATE / LOCATION:

GAME TEAM LINE-UP FORM

**TEAM**: MEN: WOMEN:

**DATE**: **TIME**: **SHEET**:

|  |  |  |
| --- | --- | --- |
| (Delivering Order) | FIRST NAME | FAMILY NAME |
| **FOURTH** |  |  |
| **THIRD** |  |  |
| **SECOND** |  |  |
| **LEAD** |  |  |
| **ALTERNATE** |  |  |
|  | | |
| **SKIP** |  |  |
| **VICE-SKIP** |  |  |
|  | | |
| **TEAM COACH** |  |  |
|  | | |
| **SIGNATURE** |  | |

**NOTE:**

L/R - Indicate if the player delivers with the left or right hand.

This form to be given to an Umpire 15 minutes before the start of the first pre-game practice.

## Change of Team Line-Up Form

COMPETITION:

DATE / LOCATION:

CHANGE OF TEAM LINE-UP FORM

**TEAM**: MEN: WOMEN:

**DATE**: **TIME**: **SHEET**:

**CHANGE OF LINE-UP AT THE BEGINNING OF END**:

|  |  |  |
| --- | --- | --- |
| (New Delivery Order) | FIRST NAME | FAMILY NAME |
| **FOURTH** |  |  |
| **THIRD** |  |  |
| **SECOND** |  |  |
| **LEAD** |  |  |
| **ALTERNATE** |  |  |
|  | | |
| **SKIP** |  |  |
| **VICE-SKIP** |  |  |
|  | | |
|  | | |
| **SIGNATURE** |  | |

**NOTE:**

L/R - Indicate if the player delivers with the left or right hand.

This form to be given to the Chief or Deputy Chief Umpire before the alternate will be allowed into the Field of Play.

## Last Stone Draw (LSD)

COMPETITION:

DATE / LOCATION:

LAST STONE DRAW (LSD)

**DATE**: **TIME**:

SHEET: MEN:  WOMEN:  MIXED:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Team | Player | Turn | Distance in cm |  | Team | Player | Turn | Distance in cm |
|  |  | **⟳** |  |  |  |  | **⟳** |  |
|  | **⟲** |  |  |  | **⟲** |  |
| **Total distance** | |  |  | **Total distance** | |  |

SHEET: MEN:  WOMEN:  MIXED:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Team | Player | Turn | Distance in cm |  | Team | Player | Turn | Distance in cm |
|  |  | **⟳** |  |  |  |  | **⟳** |  |
|  | **⟲** |  |  |  | **⟲** |  |
| **Total distance** | |  |  | **Total distance** | |  |

SHEET: MEN:  WOMEN:  MIXED:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Team | Player | Turn | Distance in cm |  | Team | Player | Turn | Distance in cm |
|  |  | **⟳** |  |  |  |  | **⟳** |  |
|  | **⟲** |  |  |  | **⟲** |  |
| **Total distance** | |  |  | **Total distance** | |  |

SHEET: MEN:  WOMEN:  MIXED:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Team | Player | Turn | Distance in cm |  | Team | Player | Turn | Distance in cm |
|  |  | **⟳** |  |  |  |  | **⟳** |  |
|  | **⟲** |  |  |  | **⟲** |  |
| **Total distance** | |  |  | **Total distance** | |  |

SHEET: MEN:  WOMEN:  MIXED:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Team | Player | Turn | Distance in cm |  | Team | Player | Turn | Distance in cm |
|  |  | **⟳** |  |  |  |  | **⟳** |  |
|  | **⟲** |  |  |  | **⟲** |  |
| **Total distance** | |  |  | **Total distance** | |  |

Stones completely outside of the House = 199.6 cm

## On-Ice Official Form

COMPETITION:

DATE / LOCATION:

ON-ICE OFFICIAL'S SCORECARD

**SHEET:** MEN:  WOMEN:

**DATE**: **TIME**:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| LSFE | ENDS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | TOTAL |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| LSD  Team  \_\_\_\_\_\_\_\_\_ | Turn | Player | Distance |  | LSD  Team  \_\_\_\_\_\_\_\_\_ | Turn | Player | Distance |
| ↻ |  |  | ↻ |  |  |
| ↺ |  |  | ↺ |  |  |
| Total Distance | |  | Total Distance | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Time-Out  Team  \_\_\_\_\_\_\_\_\_ | End # | Stone # |  | Time-Out  Team  \_\_\_\_\_\_\_\_\_ | End # | Stone # |
|  |  |  |  |
| 1st Extra End |  | 1st Extra End |  |
| 2nd Extra End |  | 2nd Extra End |  |

**Team**  **Signature** :

**Team**  **Signature** :

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Violations & Technical Time-Outs  Team  \_\_\_\_\_\_\_\_\_ | End # | Stone # | Action |  | Violations & Technical Time-Outs  Team  \_\_\_\_\_\_\_\_\_ | End # | Stone # | Action |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

**Official**   **Signature :**

## On-Ice Official Form Mixed Doubles

COMPETITION:

DATE / LOCATION:

ON-ICE OFFICIAL'S SCORECARD MIXED DOUBLES

**SHEET:** **DATE**: **TIME**:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| LSFE | ENDS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | TOTAL |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| LSD  Team  \_\_\_\_\_\_\_\_\_ | Turn | Player | Distance |  | LSD  Team  \_\_\_\_\_\_\_\_\_ | Turn | Player | Distance |
| ↻ |  |  | ↻ |  |  |
| ↺ |  |  | ↺ |  |  |
| Total Distance | |  | Total Distance | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Time-Out  Team  \_\_\_\_\_\_\_\_\_ | End # | Stone # |  | Time-Out  Team  \_\_\_\_\_\_\_\_\_ | End # | Stone # |
|  |  |  |  |
| 1st Extra End |  | 1st Extra End |  |
| 2nd Extra End |  | 2nd Extra End |  |

**Signature** : **Signature**:

**Order of Delivery**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **End** | **1st Stone** |  | | | | |  | **End** | **1st Stone** |  | | | | |
| 1 | ⃝ Yes |  |  |  |  |  |  | 1 | ⃝ Yes |  |  |  |  |  |
| 2 | ⃝ Yes |  |  |  |  |  |  | 2 | ⃝ Yes |  |  |  |  |  |
| 3 | ⃝ Yes |  |  |  |  |  |  | 3 | ⃝ Yes |  |  |  |  |  |
| 4 | ⃝ Yes |  |  |  |  |  |  | 4 | ⃝ Yes |  |  |  |  |  |
| 5 | ⃝ Yes |  |  |  |  |  |  | 5 | ⃝ Yes |  |  |  |  |  |
| 6 | ⃝ Yes |  |  |  |  |  |  | 6 | ⃝ Yes |  |  |  |  |  |
| 7 | ⃝ Yes |  |  |  |  |  |  | 7 | ⃝ Yes |  |  |  |  |  |
| 8 | ⃝ Yes |  |  |  |  |  |  | 8 | ⃝ Yes |  |  |  |  |  |
| 9 | ⃝ Yes |  |  |  |  |  |  | 9 | ⃝ Yes |  |  |  |  |  |
| 10 | ⃝ Yes |  |  |  |  |  |  | 10 | ⃝ Yes |  |  |  |  |  |

**Official**: **Signature**:

## Game Timing Form

COMPETITION:

DATE / LOCATION:

GAME TIMING FORM

**SHEET:** MEN:  WOMEN:

**DATE**: **TIME**:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Team: | | |  | Team: | | |
| Actual Clock Time at the completion of end: | | Time-Out | Actual Clock Time at the completion of end: | | Time-Out |
| End 1 |  |  | End 1 |  |  |
| End 2 |  |  | End 2 |  |  |
| End 3 |  |  | End 3 |  |  |
| End 4 |  |  | End 4 |  |  |
| End 5 |  |  | End 5 |  |  |
| End 6 |  |  | End 6 |  |  |
| End 7 |  |  | End 7 |  |  |
| End 8 |  |  | End 8 |  |  |
| End 9 |  |  |  | End 9 |  |  |
| End 10 |  |  |  | End 10 |  |  |
|  | | |  |  | | |
| End 11 |  |  |  | End 11 |  |  |
| End 12 |  |  |  | End 12 |  |  |

Notes:

Timer: Signature:

## Violation Chart

COMPETITION:

DATE / LOCATION:

VIOLATION CHART

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Draw** | **Team** | **Player** | **End** | **Stone** | **Violation** | **Action** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

D – Dumping PWS – Played Wrong Stone SP – Snow Ploughing

H – Hog Line M – Movement POT – Played Out Of Turn

WP – Wrong Position RP – Readiness to Play TS – Touched Stone

WS – Wrong Sweeper FGZ – Free Guard Zone T – Timing

BP – Body Prints EA – Equipment Abuse DC – Dress Code

O – Other BV – Brush Violation

Official: Signature:

## Play-Off Game Information

COMPETITION:

DATE / LOCATION:

PLAY-OFF GAME INFORMATION

**TEAM:** MEN:  WOMEN:  MIXED:

GAME BEING PLAYED:

**GAME INFORMATION**:

DATE OF GAME:

GAME TIME:

GAME SHEET:

TEAMS: V

LAST STONE 1ST END:

STONE SELECTION: DARK: LIGHT:

PRACTICE TIME(S):

MINIMUM ENDS TO BE PLAYED:

ANY SPECIAL PRE- OR POST-GAME ACTIVITIES:

END OF THE GAME PROCEDURES:

## Play-Off Stone Selection

COMPETITION:

DATE / LOCATION:

PLAY-OFF STONE SELECTION

**TEAM:** MEN:  WOMEN:  MIXED:

**GAME**:

**DATE**: **TIME**: **ICE**:

**STONE COLOUR**:

**SELECTED FROM SHEETS**: \_\_\_\_\_\_ or \_\_\_\_\_\_\_ or \_\_\_\_\_\_ or \_\_\_\_\_\_ or \_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Stone Selection | From Sheet | Stone Number |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |
| 7. |  |  |
| 8. |  |  |
| Reserve |  |  |
| Reserve |  |  |

**TEAM'S SIGNATURE**:

**NOTE:**

The Chief Umpire will designate the sheets from which the stones may be selected.

Stone handles may not be changed from one stone to another stone.

This form has to be handed to the Chief Umpire a minimum of 15 minutes prior to the start of the first pre-game practice.

**STONES CHECKED BEFORE START OF PRE-GAME PRACTICE**

**TEAM'S SIGNATURE**:

## Play-Off Stone Selection – Mixed Doubles

COMPETITION:

DATE / LOCATION:

WMDCC – PLAY-OFF STONE SELECTION

**TEAM:**

**GAME**:

**DATE**: **TIME**: **ICE**:

**STONE COLOUR**:

**SELECTED FROM SHEETS**: \_\_\_\_\_\_ or \_\_\_\_\_\_\_ or \_\_\_\_\_\_ or \_\_\_\_\_\_ or \_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Stone Selection | From Sheet | Stone Number |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| Spare stone |  |  |
| Placing stone 1 |  |  |
| Placing stone 2 |  |  |
| Reserve |  |  |

**TEAM'S SIGNATURE**:

**NOTE:**

The Chief Umpire will designate the sheets from which the stones may be selected.

Stone handles may not be changed from one stone to another stone.

This form has to be handed to the Chief Umpire a minimum of 15 minutes prior to the start of the first pre-game practice.

**STONES CHECKED BEFORE START OF PRE-GAME PRACTICE**

**TEAM'S SIGNATURE**:

## Wheelchair Curling – Delivery Order

Table

Description automatically generated

**Table

Description automatically generated**

## Wheelchair Mixed Doubles – Delivery Order

We recommend that each IPA has two sets of this card. In Mixed Doubles Curling teams are allowed to change playing order for any new end. It’s better to be prepared and to know in which oder the team want’s the stones for each of the two options. That will avoid any issues during the game.

Table

Description automatically generated

Table

Description automatically generated

## Evening Practice

COMPETITION:

DATE / LOCATION:

EVENING PRACTICE SCHEDULE   
(PRE-ALLOCATED)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | **Sheet A** | **Sheet B** | **Sheet C** | **Sheet D** |
|  | 0-10 min. |  |  |  |  |
| 10-20 min. |  |  |  |  |
| 20-30 min. |  |  |  |  |
| 30-40 min. |  |  |  |  |
| 40-50 min. |  |  |  |  |
| 50-60 min. |  |  |  |  |
|  | | | | | |
|  | 0-10 min. |  |  |  |  |
| 10-20 min. |  |  |  |  |
| 20-30 min. |  |  |  |  |
| 30-40 min. |  |  |  |  |
| 40-50 min. |  |  |  |  |
| 50-60 min. |  |  |  |  |
|  | | | | | |
|  | 0-10 min. |  |  |  |  |
| 10-20 min. |  |  |  |  |
| 20-30 min. |  |  |  |  |
| 30-40 min. |  |  |  |  |
| 40-50 min. |  |  |  |  |
| 50-60 min. |  |  |  |  |
|  | | | | | |
|  | 0-10 min. |  |  |  |  |
| 10-20 min. |  |  |  |  |
| 20-30 min. |  |  |  |  |
| 30-40 min. |  |  |  |  |
| 40-50 min. |  |  |  |  |
| 50-60 min. |  |  |  |  |
|  | | | | | |
|  | 0-10 min. |  |  |  |  |
| 10-20 min. |  |  |  |  |
| 20-30 min. |  |  |  |  |
| 30-40 min. |  |  |  |  |
| 40-50 min. |  |  |  |  |
| 50-60 min. |  |  |  |  |

COMPETITION:

DATE / LOCATION:

EVENING PRACTICE - GUIDELINES   
(PRE-ALLOCATED)

**First practice session starts approx. 5 minutes after the end of the last game of the day.**

1. Each practice session is to be used only by the team to whom it has been assigned.
2. If a session is not being used, the next team assigned to that sheet may use that time slot instead of the one to which they were originally assigned.
3. Teams may use the sheets only for the number of times they will play the next day – if they play once, they will have only one practice session even if there are sessions to which no team is assigned.

If a team does not want to use their practice session(s), please inform the officials.

COMPETITION:

DATE / LOCATION:

PROCEDURE

EVENING PRACTICE DURING ROUND ROBIN

**Start time:**

* Approximately 5 minutes after the last game of the day, as soon as the Ice Technician finishes cleaning and pebbling the slide paths.
* Only during the round robin portion of the draw. For teams in tie-breakers or playoff games, the practice times will be decided by the Chief Umpire.

**Practice Length:**

* 4 sessions - 15 minutes each (10 minutes for Mixed Doubles).

**Ice access criteria:**

* The only persons permitted in the Field of Play for these practices will be the players, the team coach, and a maximum of one other team official or translator (maximum of 7 people), all in proper uniform.
* No person may participate in more than 2 sessions per evening.

**Practice schedule:**

* Posted by the Chief Umpire at \_\_\_\_\_\_ hrs.

**At \_\_\_\_\_\_ hrs:**

* Teams may reserve 1 session on any sheet.
* Teams may reserve a combined men and women's session, but this joint practice will count as one full training session for both genders.

**At \_\_\_\_\_\_ hrs:**

* Teams may reserve a 2nd session.
* No team may practice on the same sheet twice on the same evening.
* An Association may not reserve 2 consecutive sessions on the same sheet.

**At \_\_\_\_\_\_ hrs:**

* Reservation list comes down and no more sheets can be booked.

**Team Penalty for failure to use a reserved practice session:**

Reservations for that team may not be made until \_\_\_\_\_\_ hrs each day.

**EVENING PRACTICE BOOKING FORM**

COMPETITION: DATE:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TIME** | **SHEET A** | **SHEET B** | **SHEET C** | **SHEET D** |
| SESSION # 1  START: 5 minutes after the end of the last game | Men Women  **TEAM**: | Men Women  **TEAM**: | Men Women  **TEAM**: | Men Women  **TEAM**: |
| SESSION # 2  START: 20 minutes after the end of the last game | Men Women  **TEAM**: | Men Women  **TEAM**: | Men Women  **TEAM**: | Men Women  **TEAM**: |
| SESSION # 3  START: 35 minutes after the end of the last game | Men Women  **TEAM**: | Men Women  **TEAM**: | Men Women  **TEAM**: | Men Women  **TEAM**: |
| SESSION # 4  START: 50 minutes after the end of the last game | Men Women  **TEAM**: | Men Women  **TEAM**: | Men Women  **TEAM**: | Men Women  **TEAM**: |

Each practice session is 15 minutes. Please indicate your Association (3 letter code) as well as Men and/or Women.

**EVENING PRACTICE BOOKING FORM**

COMPETITION: DATE:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TIME** | **SHEET A** | **SHEET B** | **SHEET C** | **SHEET D** | **SHEET E** |
| SESSION # 1  START: 5 minutes after the end of the last game | Men Women  **TEAM**: | Men Women  **TEAM**: | Men Women  **TEAM**: | Men Women  **TEAM**: | Men Women  **TEAM**: |
| SESSION # 2  START: 20 minutes after the end of the last game | Men Women  **TEAM**: | Men Women  **TEAM**: | Men Women  **TEAM**: | Men Women  **TEAM**: | Men Women  **TEAM**: |
| SESSION # 3  START: 35 minutes after the end of the last game | Men Women  **TEAM**: | Men Women  **TEAM**: | Men Women  **TEAM**: | Men Women  **TEAM**: | Men Women  **TEAM**: |
| SESSION # 4  START: 50 minutes after the end of the last game | Men Women  **TEAM**: | Men Women  **TEAM**: | Men Women  **TEAM**: | Men Women  **TEAM**: | Men Women  **TEAM**: |

Each practice session is 15 minutes. Please indicate your Association (3 letter code) as well as Men and/or Women.

## Hog Line Form

COMPETITION:

DATE: TIME:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Ice | Team | Player | End 1 | | End 2 | | End 3 | | End 4 | | End 5 | | End 6 | | End 7 | | End 8 | | End 9 | | End 10 | | End 11 | | End 12 | | Score |
|  |  | 1. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 1. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ice | Team | Player | End 1 | | End 2 | | End 3 | | End 4 | | End 5 | | End 6 | | End 7 | | End 8 | | End 9 | | End 10 | | End 11 | | End 12 | | Score |
|  |  | 1. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 1. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

✓

**/**

X

O

OK - CLOSE - HOG LINE VIOLATION - NOT PLAYED -

OFFICIAL: SIGNATURE:

## Mixed Doubles – Placing Point

**Mixed Doubles Placng Points**

# other useful document during a competition

## Pre-Game team Introductions

**INTRODUCTION OF TEAMS**

**\*\*\*TIMING CONTROLLED BY STOPWATCH\*\*\***

**Welcome to Event Name and Year in City**

**It is my pleasure to introduce the teams for the ……. draw of the Men/Women's Round Robin.**

**On SHEET A ………..……….………... v …………………..………..**

**On SHEET B ………..……….………... v …………………..………..**

**On SHEET C ………..……….………... v …………………..………..**

**On SHEET D ………..……….………... v …………………..………..**

**On SHEET E ………..……….………... v …………………..………..**

**Once teams start shaking hands (or do right away if teams are not moving!!):**

**Games will begin shortly - practice slides may be taken**

**Then**

**(1 minute before the games start) make an announcement that**

**Games will begin in one minute. Good luck and good curling**

**(🡺 all team's time clocks start simultaneously with appropriate countdown showing).**

**Whilst countdown clock is running down make announcement:**

**We ask everyone to turn off their cell phones and please no flash photography during the games.**

## Pre-Game team Introductions Play-Off’s

INTRODUCTION OF TEAMS

**Welcome to the Event Name and Year in City**

**It is my pleasure to introduce the teams for the WOMEN’s/Men’s Gold Medal game.**

**At exactly xx:xx**

**REPRESENTING ……………………**

**Lead……………………..**

**Second…………………..**

**Third…………………….**

**and Skip…………………**

**REPRESENTING ……………………**

**Lead……………………….**

**Second…………………..**

**Third…………………….**

**and Skip…………………**

**At exactly xx:xx (1 minute before the games start) make an announcement:**

**Games will begin in one minute, good luck and good curling**

**Whilst one minute countdown clock running down make announcement:**

**We ask everyone to turn off their cell phones and please no flash photography during the games**

## Post Round Robin Play Planning

**POST ROUND ROBIN PLAY**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Time | Sheet A | Sheet B | Sheet C | Sheet D | | Sheet E |
| Day  Date | 09:00 | Round-Robin  MEN | Round-Robin  MEN | Round-Robin  MEN | Round-Robin  MEN | | Round-Robin  MEN |
| 14:00 | Round-Robin  women | Round-Robin  women | Round-Robin  women | Round-Robin  women | | Round-Robin  women |
| 19:00 |  | Semi-Final MEN  ….. v …..  Stones from  2 sheets |  | Semi-Final MEN  …… v …..  Stones from  2 sheets | |  |
| Day  Date | 09:00-09:30 |  | Practice  SF women |  | Practice  SF women | |  |
| 9:35– 10:05 |  | Practice  SF women |  | Practice  SF women | |  |
| 10:30- 11.00 |  |  | Gold Medal MEN  Stones from all sheets |  | |  |
| 11.05-11.35 |  |  | Gold Medal MEN  Stones from all sheets |  | |  |
| 12.00-12.30 |  |  | Practice  Bronze MEN |  | |  |
| 12.35-13.05 |  |  | Practice  Bronze MEN |  | |  |
| 14:00 |  | Semi-Final women  ….. v ….. Stones from  2 sheets |  | Semi-Final women  ….. v ..... Stones from  2 sheets | |  |
| 17.30-18.00 |  | Gold Medal women  Stones from all sheets |  | Gold Medal women  Stones from all sheets |  | |
| 19:00 |  |  | Bronze Medal MEN  Stones from  2 sheets |  | | Bronze Medal women  Stones from  2 sheets |
| Day  Date | 10:00 |  |  | Gold Medal women  Stones from all sheets |  | |  |
|  | 15:00 |  |  | Gold Medal MEN  Stones from  all sheets |  | |  |

## ITO Health Information Form

***CONFIDENTIAL***

**ITO Health Information Form**

Name: Date of Birth:

Address:

Telephone No:

Health insurance Company Name:

Policy or Identification Number:

Do you have any active medical problems at present? Please explain:

Are you under a physician’s care at present? Please Explain:

Do you have a history of any of the following? Please explain:

Heart Condition:

Diabetes:

Allergies:

Bleeding Conditions:

Psychiatric Illness:

Operations:

Asthma/Shortness of Breath:

Epilepsy:

List current medications:

In the event of an emergency, please notify:

Name:

Address:

Telephone No:

Relationship:

**Signature: Date:**

**This document should be made available to the Chief Umpire at each Championship you will participate in.**

# entry forms (sent by wcf office)

## Covering Letter



#### Event

**The following forms must be returned to the Secretariat, 3 Atholl Crescent, PH1 5NG, Scotland**; [info@worldcurling.org](mailto:info@worldcurling.org), **by \_\_\_\_\_\_\_\_\_\_\_\_*.***

***WCF Team Registration/Release Agreement***

Each competitor along with the President/Secretary of their Curling Association must complete and sign the WCF Release Agreement. Failure to return this document will result in disqualification.

***Insurance***

All team members must provide details of appropriate insurance cover.

***Anti-Doping Acknowledgement***

Each competitor must complete and sign the acknowledgement form.

***Parent/Guardian’s Consent for Dope Testing***

Having read the document about dope-testing, the parent/guardian must sign the Letter of Consent if the athlete is under 18 years old.

***Health Information Sheet***

Please fill out the attached Player and Coach Health Form. These forms must be held by a member of the team, who will be responsible to ensure that the completed forms are readily available in case of an emergency.

*Note: Formerly these forms were handed over to the Chief Umpire, but in the team's best interest these forms should now be carried by a team member. It is mandatory to properly fill out the forms and to make sure they are readily available.*

***Biographical Information***

Biographical information of each competitor, including the coach, must be completed and returned to the Secretariat, World Curling Federation by email. These forms should be checked by a national official to ensure the information is relevant, and confined to factual details. Please note these should be completed electronically (handwritten biographies will be rejected) and returned as a word document.

***Team Photograph***

The WCF and the Host Committee request that each team provides two copies of a **colored** **photograph** (one picture **front facing**, one picture **back facing** showingthe players’ names on their uniforms) according to the following guidelines:

* All players must be wearing the tops of their team uniform either the dark or light colors.
* Team photographs must be taken **in front of a neutral background**, such as a solid colored wall.
* Images must be at least **500KB** in size and in a **digital format (.jpg file)**

Please also enclose athletes’ names (FIRST NAME FOLLOWED BY FAMILY NAME) either typed or clearly printed. **Team** **Photographs should be submitted to** [info@worldcurling.org](mailto:info@worldcurling.org) **by \_\_\_\_\_\_\_\_\_\_\_\_\_\_ or earlier if available**. **Please find below an example of the team photographs:**

 

## Registration Form / Release Agreement



Event

**Registration Form/Release Agreement**

|  |
| --- |
| MEMBER ASSOCIATION: |

I certify that the following will represent the above Member Association in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and that each is a member in good standing and eligible under the Rules of the World Curling Federation to represent their Association. **Please note that random eligibility checks may be carried out at the event.**

|  |  |
| --- | --- |
| President’s/Secretary’s Name: | Signature: |

|  |  |
| --- | --- |
| OnsiteTeam Contact Name:  **(person receiving all onsite communications on behalf of the team)** | Email Address: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Team Order | Family Name | First Name | Please indicate position of Skip/Vice Skip | Date of Birth  (dd/mm/yy) | Please insert the Role of  2nd & 3rd Team Official below |
| Fourth |  |  |  |  |  |
| Third |  |  |  |  |  |
| Second |  |  |  |  |  |
| First |  |  |  |  |  |
| Alternate |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Team Officials | Family Name | First Name | Male/Female |  | Please insert the Role of  2nd & 3rd Team Official |
| Coach |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

###### **Release Agreement**

The members of the team, listed above, and entered in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give irrevocable consent to the World Curling Federation and the Organising Committee, to reproduce, display and use their names, photographs, or other likenesses, in connection with reports, promotion, advertising and publicity without restriction, about and on behalf of the \_\_\_\_\_\_\_\_\_\_, issued, produced or authorised by the WCF and/or the Organising Committee of the \_\_\_\_\_\_\_\_\_\_. **By signing below, we acknowledge having read and agreed to this waiver.**

|  |  |
| --- | --- |
| Fourth: | Third: |
| Second: | First: |
| Alternate: | Coach: |

***Please complete this form and return it by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to the Secretariat, WCF, 3 Atholl Crescent, Perth, PH1 5NG, Scotland. Email: info@worldcurling.org;***



#### **Event**

**Registration Form/Release Agreement**

**INSURANCE**

|  |
| --- |
| MEMBER ASSOCIATION: |

I acknowledge and agree that it is the responsibility of the Member Association to ensure that all members of our team have appropriate insurance cover in place relating to travel, personal accident and medical expenses including repatriation cover and that WCF and/or the Host Committee has no responsibility for insurance for Member Association teams.

Details of the insurance cover is as follows \*:

|  |  |  |
| --- | --- | --- |
| **Policy Holder Name** | **Insurance Company name** | **Policy Number** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

\* If the policy is NOT in the name of the Member Association then please provide details of all individual policies.

|  |  |
| --- | --- |
| President’s/Secretary’s Name: | Signature: |

***Please complete this form and return it by \_\_\_\_\_\_\_\_to the Secretariat, WCF. Email:*** [***info@worldcurling.org***](mailto:info@worldcurling.org) ***; Tel: +44 1738 451630***

## Anti-Doping



#### **Event**

**WCF ANTI-DOPING RULES**

**ATHLETE CONSENT FORM**

As a member of World Curling Federation (WCF) and a participant in an event authorized or recognized by the WCF, I hereby declare as follows:

1. I acknowledge that I am bound by, and confirm that I shall comply with, all of the provisions of the WCF Anti-Doping Rules (as amended from time to time), the World Anti-Doping Code (the “Code”) and the International Standards issued by the World Anti-Doping Agency (“WADA”), as amended from time to time, and published on WADA’s website.
2. I acknowledge the authority of the WCF and its Member Associations and National Anti-Doping Organizations (NADOs) under the WCF Anti-Doping Rules to enforce, to manage results under, and to impose sanctions in accordance with the WCF Anti-Doping Rules.
3. I acknowledge and agree that any dispute arising out of a decision made pursuant to the WCF Anti-Doping Rules, after exhaustion of the process expressly provided for in the WCF Anti-Doping Rules, may be appealed exclusively as provided in Article 13 of the WCF Anti-Doping Rules to an appellate body, which in the case of International-Level Athletes is the Court of Arbitration for Sport (CAS).
4. I acknowledge and agree that the decisions of the appellate body referenced above shall be final and enforceable, and that I will not bring any claim, arbitration, lawsuit or litigation in any other court or tribunal.
5. I understand that:
   1. my data, such as my name, contact information, birthdate, gender, sport nationality, voluntary medical information, and information derived from my testing sample will be collected and used by the WCF and its Member Associations and National Anti-Doping Organizations (NADOs) and WADA for anti-doping purposes;
   2. WADA-accredited laboratories will use the anti-doping administration and management system (“ADAMS”) to process my laboratory test results for the sole purpose of anti-doping, but shall only have access to de-identified, key-coded data that will not disclose my identity;
   3. I may have certain rights in relation to my *Doping Control*-related data under applicable laws and under WADA’s International Standard for the Protection of Privacy and Personal Information (ISPPPI), including rights to access, rectification, restriction, opposition and deletion, and remedies with respect to any unlawful processing of my data, and I may also have a right to lodge a complaint with a national regulator responsible for data protection in my country;
   4. if I object to the processing of my *Doping Control*-related data or withdraw my consent, it still may be necessary for the WCF and its Member Associations and/or National Anti-Doping Organizations and/or WADA to continue to process (including retain) certain parts of my *Doping Control*-related data to fulfill obligations and responsibilities arising under the Code, International Standards or national anti-doping laws notwithstanding my request; including for the purpose of investigations or proceedings related to a possible anti-doping rule violations; or to establish, exercise or defend against legal claims involving me, WADA and/or an Anti-Doping Organization.



**WCF ANTI-DOPING RULES**

**ATHLETE CONSENT FORM (continued)**

* 1. preventing the processing, including disclosure, of my *Doping Control*-related data may prevent me, WADA or Anti-Doping Organizations from complying with the Code and relevant WADA International Standards, which could have consequences for me, such as an anti-doping rule violation, under the Code;
  2. to the extent that I have any concerns about the processing of my *Doping Control*-related data I may consult with the WCF (antidoping@worldcurling.org) and/or WADA (privacy@wada-ama.org), as appropriate.

1. I understand and agree to the possible creation of my profile in ADAMS, which is hosted by WADA on servers based in Canada, and/or any other authorized National Anti-Doping Organization’s similar system for the sharing of information, and to the entry of my *Doping Control*, whereabouts, *Therapeutic Use Exemptions*, *Athlete Biological Passport*, and sanction-related data in such systems for the purposes of anti-doping and as described above. I understand that if I am found to have committed an anti-doping rule violation and receive a sanction as a result, that the respective sanctions, my name, sport, *Prohibited Substance* or *Method*, and/or tribunal decision, may be publicly disclosed by WCF and its Member Associations and/or National Anti-Doping Organizations in accordance with the Code. I understand that my information will be retained for the duration as indicated in the ISPPPI.
2. I understand and agree that my information may be shared with competent Anti-Doping Organizations and public authorities as required for anti-doping purposes. I understand and agree that persons or parties receiving my information may be located outside the country where I reside, including in Switzerland and Canada, and that in some other countries data protection and privacy laws may not be equivalent to those in my own country. I understand that these entities may rely on and be subject to national anti-doping laws that override my consent or other applicable laws that may require information to be disclosed to local courts, law enforcement, or other public authorities. I can obtain more information on national anti-doping laws from my International Federation or National Anti-Doping Agency.

I have read and understand the present declaration.

|  |  |
| --- | --- |
| Member Association: | |
| Athlete’s Full Name (Please print):  Date of Birth (Day/Month/Year): | Athlete’s Signature: |
| Parent/Legal Guardian Signature (**if athlete is under 18**): | Date: |

***Please complete this form and return it by \_\_\_\_\_\_\_ to the Secretariat, WCF, 3 Atholl Crescent, Perth, PH1 5NG, Scotland. Email:*** [***info@worldcurling.org***](mailto:info@worldcurling.org)***; Tel: 44 1738 451630***



**Event**

**Doping Control – Parental Consent (Competitor’s Under 18 years of Age)**

**To whom it may concern (parent/guardian)**

Your son/daughter has qualified to participate in the above Championship. To be eligible to compete, they must be prepared to submit themselves, if selected, to the medical control centre at the venue in order to provide a specimen of urine/blood for analysis by a (WADA)-accredited laboratory.

The samples are collected in private under observation by a sampling officer of the same sex, and your son/daughter may be accompanied to the doping-control station by a parent, coach or official.

Your permission is required in order that this testing may take place at the above Championship.

**Failure to give this permission will mean that your son will not be able to compete in the Championship.**

|  |  |
| --- | --- |
| Member Association: | |
| Athlete’s Full Name (Please print):  Date of Birth (Day/Month/Year): | Athlete’s Signature: |
| Parent/Legal Guardian | Parent/Legal Guardian Signature |
| Telephone Number of Parent/Guardian:  Email Address of Parent/Guardian: | Date: |

WADA’S [Doping Control Video](https://www.wada-ama.org/en/resources/doping-control-process/doping-control-process-for-athletes) provides athletes with basic information about their rights and responsibilities in the doping control process and outlines each phase of the process: athlete selection, athlete notification, sample collection, laboratory analysis, and results management. This doping control video can be found on WADA’s website [here](https://www.wada-ama.org/en/resources/doping-control-process/doping-control-process-for-athletes) and on the WCF website [here](http://worldcurling.org/education).

***Please complete this form and return it by \_\_\_\_\_ to the Secretariat, WCF, 3 Atholl Crescent, Perth, PH1 5NG, Scotland. Email:*** [***info@worldcurling.org***](mailto:info@worldcurling.org)***; Tel: 44 1738 451630***

## Health Information Form

**Health Information Form**

MEMBER ASSOCIATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name: Date of Birth:**

**Address:**

**Telephone No:**

**Health insurance Company Name:**

**Policy or Identification Number:**

**Do you have any active medical problems at present? Please explain:**

**Are you under a physician’s care at present? Please explain:**

**Do you have a history of any of the following? Please explain:**

**Heart Condition:**

**Diabetes:**

**Allergies:**

**Bleeding Conditions:**

**Psychiatric Illness:**

**Operations:**

**Asthma/Shortness of Breath:**

**Epilepsy:**

**List current medications:**

***Note: Special attention should be paid to the WCF Anti-Doping Policy as random drug-testing may be carried out at this competition. It is important that all medications, however trivial, taken before the competition are reported.***

**In the event of an emergency, please notify:**

**Name:**

**Address:**

**Telephone No:**

**Relationship:**

**Signature: Date:**

**Each athlete and coach must complete a health form. It is mandatory for each athlete to properly fill out the form. These forms must be held by a member of the team, who will be responsible to ensure that the completed forms are readily available in case of an emergency.**

## Athlete Biographical Information



**Athlete Biographical Information**

**Event**

**Forms must be completed in MICROSOFT WORD and returned VIA EMAIL to** [***info@worldcurling.org***](mailto:info@worldcurling.org) **by 27 February 2020**

|  |  |  |
| --- | --- | --- |
| **Member Association:** |  | |
| **First Name:** |  | |
| **Family Name:** |  | |
| **Other Names (nickname, known as):** |  | |
| **Position on Team:** |  | |
| **Age:** |  | |
| **Date of Birth (dd/mm/yyyy):** |  | |
| **Birthplace:** |  | |
| **Current place of residence (Town/City):** |  | |
| **Languages Spoken:** |  | |
| **Preferred Contact Phone Number:** |  | |
| **Email Address:** |  | |
| **Year started curling:** |  | |
| **Years on team:** |  | |
| **Curling Club – Name & City:** |  | |
| **Delivery (left / right hand):** |  | |
| **Occupation:** |  | |
| **Marital status:** |  | |
| **Children (Names, Age, Sex):** |  | |
| **Famous Curling Relatives & their major achievements or honours:** |  | |
| **Hobbies / Other Sports:** |  | |
| **Most memorable sporting achievement:** |  | |
| **Sports Awards / Honours:** |  | |
| **Sports Hero / Idol:** |  | |
| **Twitter:** |  | |
| **Team Facebook:** |  | |
| **Team Website / Blog:** |  | |
| **RESULTS:**  ***Please enter your name into:***  [**http://results.worldcurling.org/Person**](http://results.worldcurling.org/Person)  ***(enter Y for your answer)*** | ***I do not have any historical results*** |  |
| ***My results are correct*** |  |
| ***My results are wrong***  *(If so please enter corrections in box below)* |  |
|  | | |

**HANDWRITTEN AND PDF FORMS WILL NOT BE ACCEPTED**

## Coach Biographical Information



**Coach Biographical Information**

**Event**

**Forms must be completed in MICROSOFT WORD and returned VIA EMAIL to** [***info@worldcurling.org***](mailto:info@worldcurling.org) **by 27 February 2020**

|  |  |
| --- | --- |
| **Country:** |  |
| **First Name:** |  |
| **Family Name:** |  |
| **Other names (nickname, known as):** |  |
| **Coach to: (Men or Women)** |  |
| **Age:** |  |
| **Date of Birth (dd/mm/yyyy)** |  |
| **Birthplace:** |  |
| **Current place of residence (town/city):** |  |
| **Nationality:** |  |
| **Preferred Contact phone Number:** |  |
| **Email Address:** |  |
| **Year started curling:** |  |
| **Years Coaching Team:** |  |
| **Curling Club – Name & City:** |  |
| **Occupation:** |  |
| **Marital status:** |  |
| **Children (Names, Age, Sex):** |  |
| **Hobbies / Other Sports:** |  |
| **Most memorable sporting achievement:** |  |
| **Sports Awards / Honours:** |  |
| **Twitter:** |  |

**Coach in Past Championships:**

|  |  |  |
| --- | --- | --- |
| **Championship** | **Year** | **Final Ranking** |
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**HANDWRITTEN AND PDF FORMS WILL NOT BE ACCEPTED**

## Alcohol Consumption Policy (Juniors)

**WCF ALCOHOL CONSUMPTION POLICY**

**Event**

**Venue**

The World Curling Federation (WCF), with the approval of all Member Associations, has an Alcohol Consumption Policy. This policy demands that there will be no alcohol consumed by any athletes participating in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The responsibility to enforce this zero alcohol consumption policy rests with the Member Associations and their players, coaches and Team Leaders. If WCF personnel see an infraction, a report will be filed with the WCF Board for follow-up action. The penalties may include the exclusion of athletes and coaches from future WCF events (period determined by the WCF Board in liaison with the Member Association).

This policy applies during the entire length of the Championship, from arrival in \_\_\_\_\_\_\_\_\_\_\_\_\_ to departure, and must be adhered to in all public and private locations.

The undersigned agree that they have read this document and will abide by this policy.

Member Association: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Jr Men Jr. Women

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| --- | --- | --- |
| **POSITION** | **NAME (PLEASE PRINT)** | **SIGNATURE** |
| FOURTH |  |  |
| THIRD |  |  |
| SECOND |  |  |
| FIRST |  |  |
| ALTERNATE |  |  |
| TEAM COACH |  |  |

***Please return to: The World Curling Federation, 3 Atholl Crescent, Perth, PH1 5NG, Scotland. Email:*** [***info@worldcurling.org***](mailto:info@worldcurling.org)***; Tel: +44 1738 451630 by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.***

## Sportsmanship Award Form (Umpire – samples on next pages)

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| --- | --- | --- | --- |
| WORLD JUNIOR WOMEN'S CURLING CHAMPIONSHIP 20\_\_  SPORTSMANSHIP AWARD  Association: \_\_\_\_\_\_\_\_\_  All Participants are invited to nominate a fellow competitor who, in their view, has best exemplified the traditional values of skill, honesty, fair play, sportsmanship and friendship during these Championships. The Award will be presented at the Awards Ceremony. Players are not allowed to vote for a member of their own team.  PERSON NOMINATED - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PLAYING FOR TEAM - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please return this card to the Chief Umpire at the end of the round robin | | WORLD JUNIOR WOMEN'S CURLING CHAMPIONSHIP 20\_\_  SPORTSMANSHIP AWARD  Association: \_\_\_\_\_\_\_\_\_  All Participants are invited to nominate a fellow competitor who, in their view, has best exemplified the traditional values of skill, honesty, fair play, sportsmanship and friendship during these Championships. The Award will be presented at the Awards Ceremony. Players are not allowed to vote for a member of their own team.  PERSON NOMINATED - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PLAYING FOR TEAM - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Please return this card to the Chief Umpire at the end of the round robin | |
| WORLD JUNIOR WOMEN'S CURLING CHAMPIONSHIP 20\_\_  SPORTSMANSHIP AWARD  Association: \_\_\_\_\_\_\_\_\_  All Participants are invited to nominate a fellow competitor who, in their view, has best exemplified the traditional values of skill, honesty, fair play, sportsmanship and friendship during these Championships. The Award will be presented at the Awards Ceremony. Players are not allowed to vote for a member of their own team.  PERSON NOMINATED - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PLAYING FOR TEAM - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Please return this card to the Chief Umpire at the end of the round robin | WORLD JUNIOR WOMEN'S CURLING CHAMPIONSHIP 20\_\_  SPORTSMANSHIP AWARD  Association: \_\_\_\_\_\_\_\_\_  All Participants are invited to nominate a fellow competitor who, in their view, has best exemplified the traditional values of skill, honesty, fair play, sportsmanship and friendship during these Championships. The Award will be presented at the Awards Ceremony. Players are not allowed to vote for a member of their own team.  PERSON NOMINATED - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PLAYING FOR TEAM - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please return this card to the Chief Umpire at the end of the round robin | |
| WORLD JUNIOR MEN'S CURLING CHAMPIONSHIP 20\_\_  SPORTSMANSHIP AWARD  Association: \_\_\_\_\_\_\_\_\_  All Participants are invited to nominate a fellow competitor who, in their view, has best exemplified the traditional values of skill, honesty, fair play, sportsmanship and friendship during these Championships. The Award will be presented at the Awards Ceremony. Players are not allowed to vote for a member of their own team.  PERSON NOMINATED - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PLAYING FOR TEAM - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please return this card to the Chief Umpire at the end of the round robin | WORLD JUNIOR MEN'S CURLING CHAMPIONSHIP 20\_\_  SPORTSMANSHIP AWARD  Association: \_\_\_\_\_\_\_\_\_  All Participants are invited to nominate a fellow competitor who, in their view, has best exemplified the traditional values of skill, honesty, fair play, sportsmanship and friendship during these Championships. The Award will be presented at the Awards Ceremony. Players are not allowed to vote for a member of their own team.  PERSON NOMINATED - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PLAYING FOR TEAM - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please return this card to the Chief Umpire at the end of the round robin | |
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| WORLD WOMEN'S CURLING CHAMPIONSHIP 20\_\_  FRANCES BRODIE AWARD  Association: \_\_\_\_\_\_\_\_\_  All Participants are invited to nominate a fellow competitor who, in their view, has best exemplified the traditional values of skill, honesty, fair play, sportsmanship and friendship during these Championships. The Award will be presented at the Awards Ceremony. Players are not allowed to vote for a member of their own team.  PERSON NOMINATED - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PLAYING FOR TEAM - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please return this card to the Chief Umpire at the end of the round robin | | WORLD WOMEN'S CURLING CHAMPIONSHIP 20\_\_  FRANCES BRODIE AWARD  Association: \_\_\_\_\_\_\_\_\_  All Participants are invited to nominate a fellow competitor who, in their view, has best exemplified the traditional values of skill, honesty, fair play, sportsmanship and friendship during these Championships. The Award will be presented at the Awards Ceremony. Players are not allowed to vote for a member of their own team.  PERSON NOMINATED - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PLAYING FOR TEAM - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please return this card to the Chief Umpire at the end of the round robin | |
| WORLD WOMEN'S CURLING CHAMPIONSHIP 20\_\_  FRANCES BRODIE AWARD  Association: \_\_\_\_\_\_\_\_\_  All Participants are invited to nominate a fellow competitor who, in their view, has best exemplified the traditional values of skill, honesty, fair play, sportsmanship and friendship during these Championships. The Award will be presented at the Awards Ceremony. Players are not allowed to vote for a member of their own team.  PERSON NOMINATED - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PLAYING FOR TEAM - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please return this card to the Chief Umpire at the end of the round robin | | WORLD WOMEN'S CURLING CHAMPIONSHIP 20\_\_  FRANCES BRODIE AWARD  Association: \_\_\_\_\_\_\_\_\_  All Participants are invited to nominate a fellow competitor who, in their view, has best exemplified the traditional values of skill, honesty, fair play, sportsmanship and friendship during these Championships. The Award will be presented at the Awards Ceremony. Players are not allowed to vote for a member of their own team.  PERSON NOMINATED - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PLAYING FOR TEAM - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please return this card to the Chief Umpire at the end of the round robin | |
| WORLD MEN'S CURLING CHAMPIONSHIP 20\_\_  COLLIE CAMPBELL MEMORIAL AWARD  Association: \_\_\_\_\_\_\_\_\_  All Participants are invited to nominate a fellow competitor who, in their view, has best exemplified the traditional values of skill, honesty, fair play, sportsmanship and friendship during these Championships. The Award will be presented at the Awards Ceremony. Players are not allowed to vote for a member of their own team.  PERSON NOMINATED - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PLAYING FOR TEAM - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please return this card to the Chief Umpire at the end of the round robin | WORLD MEN'S CURLING CHAMPIONSHIP 20\_\_  COLLIE CAMPBELL MEMORIAL AWARD  Association: \_\_\_\_\_\_\_\_\_  All Participants are invited to nominate a fellow competitor who, in their view, has best exemplified the traditional values of skill, honesty, fair play, sportsmanship and friendship during these Championships. The Award will be presented at the Awards Ceremony. Players are not allowed to vote for a member of their own team.  PERSON NOMINATED - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PLAYING FOR TEAM - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please return this card to the Chief Umpire at the end of the round robin | |  | | FORD WORLD WOMEN'S CURLING CHAMPIONSHIP 20\_\_  FRANCES BRODIE AWARD  All Participants are invited to nominate a fellow competitor who, in their view, has best exemplified the traditional values of skill, honesty, fair play, sportsmanship and friendship during these Championships. The Award will be presented at the Awards Ceremony.  NOMINATION - NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  COUNTRY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please return this card to the Chief Umpire |
| WORLD MEN'S CURLING CHAMPIONSHIP 20\_\_  COLLIE CAMPBELL MEMORIAL AWARD  Association: \_\_\_\_\_\_\_\_\_  All Participants are invited to nominate a fellow competitor who, in their view, has best exemplified the traditional values of skill, honesty, fair play, sportsmanship and friendship during these Championships. The Award will be presented at the Awards Ceremony. Players are not allowed to vote for a member of their own team.  PERSON NOMINATED - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PLAYING FOR TEAM - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please return this card to the Chief Umpire at the end of the round robin | WORLD MEN'S CURLING CHAMPIONSHIP 20\_\_  COLLIE CAMPBELL MEMORIAL AWARD  Association: \_\_\_\_\_\_\_\_\_  All Participants are invited to nominate a fellow competitor who, in their view, has best exemplified the traditional values of skill, honesty, fair play, sportsmanship and friendship during these Championships. The Award will be presented at the Awards Ceremony. Players are not allowed to vote for a member of their own team.  PERSON NOMINATED - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PLAYING FOR TEAM - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please return this card to the Chief Umpire at the end of the round robin | |  | | FORD WORLD WOMEN'S CURLING CHAMPIONSHIP 2008  FRANCES BRODIE AWARD  All Participants are invited to nominate a fellow competitor who, in their view, has best exemplified the traditional values of skill, honesty, fair play, sportsmanship and friendship during these Championships. The Award will be presented at the Awards Ceremony.  NOMINATION - NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  COUNTRY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please return this card to the Chief Umpire |

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