

Use this form if you are residing in one province/territory and are requesting an exemption to participate in another province/territory based on one of the following circumstances:



- (a) You are living within a short distance of a provincial/territorial border.
- (b) You are based in two locations due to your employment situation.
- (c) You are a full-time student wishing to compete in the province/territory where you are attending school versus your province/territory of your permanent residence.
- (d) You are applying for “**Free Agent**” status. (Tournament of Hearts or Brier only)
- (e) You are applying for a “**Birthright**” exemption. (Tournament of Hearts or Brier only)

Applications under bullets (a), (b) or (c) must be received by the Provincial/Territorial Member Association the applicant is wishing to compete in a minimum of 21 days prior to the entry deadline of the competition(s) the applicant wishes to compete in. “**Free Agents**” (d) or **Birthright (e) for the Tournament of Hearts or Brier only**, must be received A minimum of 30 days prior to the entry deadline.

Athlete to complete sections 1 to 3

Member Associations to complete sections 4 to 6

1. Athlete Information:

First Name: _____ Last Name: _____

Address: _____

City/Town: _____ Province/Territory _____ Postal Code: _____

Mobile Number: _____ Email: _____

2. Exemption Request: Competition Season requesting for: 20 ____ / ____

Requesting exemption to compete in which Province/Territory: _____ Competition(s) wishing to compete in: _____
_____ / _____

Reason requesting exemption (check one) and attach appropriate documentation:

I live within a short distance of the provincial/territorial border. (Attach additional information on specific reasons for wanting to compete in another province/territory)

I am based in two locations due to my employment situation (Attach additional information on specific reasons for wanting to compete in another province/territory **and** letter from employer confirming employment within province/territory)

I am a full-student wishing to compete in the province/territory where I am attending school (Attach confirmation letter from school Registrar Office indicating full time status and academic year)

I am a Free Agent – 3 or 4 of the other members of the team are bona fide residents of the Member Association we are intending to represent. List those members:

(1) _____

(2) _____

(3) _____

(4) _____

Birthright Exemption: Please submit a quality image of your birth certificate or passport. Your identification will be recorded for future curling seasons then destroyed. If you are applying on a medical exemption, please provide a copy of the government record showing the province / territory where health coverage was assigned at birth.

3. Statement of Accuracy and Relevance:

I hereby attest to the accuracy of the information contained in this Application for Exemption of Residency Requirements. I understand that this application ONLY applies to Residency Requirements and all other Provincial/Territorial eligibility requirements must be met. I acknowledge and understand that if this Application for Exemption of Residency Requirements is approved that I am eligible to compete for the Province/Territory in the approved season only and that I relinquish competing in my Province/Territory of residence. I further understand that the submission of false information may result in a one year suspension from competing in Curling Canada sanctioned championships OR championships coordinated by Member Associations.

Print Name-Athlete

application must be signed by a parent or guardian if the athlete is under the legal age of majority.

Signature

Date

Print Name-Parent/Guardian

Signature

Date

4. Application Received:

The application was received by the _____

Member Association

on _____ (date)

5. Member Association (Province/Territory) of Athlete's Current Residence

Approved

Not Approved

Member Association Representative
(print name)

Signature

6. Member Association (Province/Territory) of Athlete's Request to Compete In

Approved

Not Approved

Member Association Representative
(print name)

Signature

Please return copies to: Curling Canada rules@curling.ca and each respective Member Association affected.