

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](mailto:rules@curling.ca) and each respective Member Association affected.