

# TECHNICAL OFFICIAL MANUAL FORMS



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

**Eeva Röthlisberger**  
**Head of Competitions**  
[eeva.roethlisberger@worldcurling.org](mailto:eeva.roethlisberger@worldcurling.org)

# 1 ENTRY FORMS (WCF OFFICE)

## 1.1 COVERING LETTER



### WORLD \_\_\_\_\_ CURLING CHAMPIONSHIP Venue

The following forms must be returned to the Secretariat, 3 Atholl Crescent, PHI 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.

#### **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** showing the 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:**



## 1.2 REGISTRATION FORM / RELEASE AGREEMENT



### WORLD \_\_\_\_\_ CURLING CHAMPIONSHIP Venue

#### 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.

President's/Secretary's Name:  Signature:

Team Contact Name:  Email Address:   
(Person contactable onsite at events)

Team Order	Family Name	First Name	Please indicate position of Skip/Vice Skip	Please insert the Role of 2 <sup>nd</sup> & 3 <sup>rd</sup> Team Official in appropriate box below
Fourth				
Third				
Second				
First				
Alternate				
Coach				
2 <sup>nd</sup> Team Official				
3 <sup>rd</sup> Team Official				

#### **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](mailto:info@worldcurling.org);

## 1.3 ANTI-DOPING

### Anti-Doping Rules Acknowledgement

I, as a member of the World Curling Federation (WCF) and a participant in the above Championship, hereby acknowledge and agree as follows:

- I have had an opportunity to review the WCF Anti-Doping Rules at <http://www.worldcurling.org/anti-doping-rules>
- I consent and agree to comply with and be bound by all of the provisions of the WCF Anti-Doping Rules, including but not limited to, all amendments to the Anti-Doping Rules and all International Standards incorporated in the Anti-Doping Rules.
- I acknowledge and agree that WCF have jurisdiction to impose sanctions as provided in the WCF Anti-Doping Rules.
- I also 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 for final and binding arbitration, which in the case of International-Level Athletes is the Court of Arbitration for Sport.
- I acknowledge and agree that the decisions of the arbitral 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.
- **I have read this Acknowledgement and Agreement and have signed below to confirm I have understood the information.**

Member Association:	
Athlete's Full Name (Please print):	Athlete's Signature:
Parent/Legal Guardian Name (if athlete is under 18):	Parent/Legal Guardian Signature (If athlete is under 18):
Telephone Number of Parent/Guardian: Email Address of Parent/Guardian:	Date:

### 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 \_\_\_\_\_. To be eligible to compete, he/she must be prepared to submit himself/herself, if selected by random choice, to the medical control centre at the venue in order to provide a specimen of urine for analysis by the accredited drug-testing 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 \_\_\_\_\_. **Failure to give this permission will mean that your son/daughter will not be able to compete in the Championship.** The results of all laboratory findings will be reported to the individual concerned and to the respective National Association.

**If you agree with this, please ensure that this form is signed above and returned to the WCF Secretariat.**

**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)**

## 1.4 HEALTH INFORMATION FORM

### Health Information Form

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

<b>Name:</b>	<b>Date of Birth:</b>
<b>Address:</b>	<b>Telephone No:</b>

<b>Health insurance Company Name:</b>
<b>Policy or Identification Number:</b>

<b>Do you have any active medical problems at present? Please explain:</b>
<b>Are you under a physician's care at present? Please explain:</b>

<b>Do you have a history of any of the following? Please explain:</b>
<b>Heart Condition:</b>
<b>Diabetes:</b>
<b>Allergies:</b>
<b>Bleeding Conditions:</b>
<b>Psychiatric Illness:</b>
<b>Operations:</b>
<b>Asthma/Shortness of Breath:</b>
<b>Epilepsy:</b>
<b>List current medications:</b>
<i>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.</i>

<b>In the event of an emergency, please notify:</b>
<b>Name:</b>
<b>Address:</b>
<b>Telephone No:</b>
<b>Relationship:</b>

**Signature:**

**Date:**

Each athlete and coach should complete a 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.*

# 1.5 ATHLETE BIOGRAPHICAL INFORMATION



## Athlete Biographical Information

Event  
Venue

Forms must be completed in **MICROSOFT WORD** and returned as **MICROSOFT WORD FILE VIA EMAIL** to [info@worldcurling.org](mailto:info@worldcurling.org) by \_\_\_\_\_

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

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

## 1.6 COACH BIOGRAPHICAL INFORMATION



### Coach Biographical Information

Event  
Venue

Forms must be completed in **MICROSOFT WORD** and returned as **MICROSOFT WORD** **FILE VIA EMAIL** to [info@worldcurling.org](mailto:info@worldcurling.org) by \_\_\_\_\_

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):	
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

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



## 1.7 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

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 \_\_\_\_\_.**

## 1.8 ENTRY FORM



3 Atholl Crescent, Perth PH1 5NG, Scotland  
Tel: 44 1738 451630 Email: info@worldcurling.org

**Event  
Location  
Date**

### **ENTRY**

*Please check  
Appropriate box*

<b>TEAM ENTERED</b>	
<b>NO ENTRY BEING MADE</b>	

<b>MEMBER ASSOCIATION:</b>	
<b>CONTACT NAME:</b>	
<b>ADDRESS:</b>	
<b>TELEPHONE NO:</b>	
<b>FAX NO:</b>	
<b>EMAIL ADDRESS:</b>	

Team Names Enclosed

Team Names return will be sent by (date) \_\_\_\_\_

**Return this form to WCF Secretariat at the above address by \_\_\_\_\_ at the latest**



3 Atholl Crescent, Perth PH1 5NG, Scotland  
Tel: 44 1738 451630 Email: info@worldcurling.org

**Event  
Location  
Date**

**TEAM NAMES**

<b>NAME</b>		<b>MALE/FEMALE (M/F)</b>
	<b>SKIP</b>	
	<b>THIRD</b>	
	<b>SECOND</b>	
	<b>FIRST</b>	
	<b>ALTERNATE</b>	
	<b>COACH</b>	
	<b>2<sup>nd</sup> Official</b>	
	<b>3<sup>rd</sup> Official</b>	

<b>MEMBER ASSOCIATION:</b>	
<b>CONTACT NAME:</b>	
<b>ADDRESS:</b>	
<b>TELEPHONE NO:</b>	
<b>FAX NO:</b>	
<b>EMAIL ADDRESS:</b>	

*Return this form to WCF Secretariat at the above address along with the entry form by \_\_\_\_\_, if names known by then. If not, return this section separately as soon as teams are known.*

**1.9 SPORTSMANSHIP AWARD FORM (UMPIRE – SAMPLES ON NEXT PAGES)**

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

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 - \_\_\_\_\_

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 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

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

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

## **2 COMPETITION FORMS**

(forms on next pages)

## 2.1 ORIGINAL TEAM LINE UP FORM

COMPETITION: \_\_\_\_\_

DATE / LOCATION: \_\_\_\_\_

### ORIGINAL TEAM LINE-UP FORM

TEAM: \_\_\_\_\_ MEN:

WOMEN:

(Delivering Order)	FIRST NAME	FAMILY NAME
<b>FOURTH</b>		
<b>THIRD</b>		
<b>SECOND</b>		
<b>LEAD</b>		
<b>ALTERNATE</b>		
<b>SKIP</b>		
<b>VICE-SKIP</b>		

L/R	TC

			TC
<b>TEAM COACH</b>			
<b>2nd OFFICIAL ROLE:</b>			
<b>3rd OFFICIAL ROLE:</b>			
<b>SIGNATURE</b>			
<b>PHONE / ROOM NUMBER (IN CASE OF EMERGENCY)</b>			
<b>E-MAIL ADDRESS</b>			

**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 players and two team official listed on this form will be allowed access to the Coach Bench.

## 2.2 ORIGINAL TEAM LINE UP FORM – MIXED DOUBLES

COMPETITION: \_\_\_\_\_

DATE / LOCATION: \_\_\_\_\_

### ORIGINAL TEAM LINE-UP FORM WMDCC

TEAM: \_\_\_\_\_

	FIRST NAME	FAMILY NAME	L/R	TC
<b>FEMALE</b>				
<b>MALE</b>				
<b>TEAM COACH</b>				
<b>TRANSLATOR</b> (where required)				
<b>SIGNATURE</b>				
<b>PHONE / ROOM NUMBER (IN CASE OF EMERGENCY)</b>				

**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 team coach and translator listed on this form will be allowed access to the coaches' bench.

## 2.3 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
<b>FOURTH</b>		
<b>THIRD</b>		
<b>SECOND</b>		
<b>LEAD</b>		
<b>ALTERNATE</b>		
<b>SKIP</b>		
<b>VICE-SKIP</b>		
<b>TEAM COACH</b>		
<b>SIGNATURE</b>		

**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.

## 2.4 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
<b>FOURTH</b>		
<b>THIRD</b>		
<b>SECOND</b>		
<b>LEAD</b>		
<b>ALTERNATE</b>		
<b>SKIP</b>		
<b>VICE-SKIP</b>		
<b>SIGNATURE</b>		

**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.

## 2.5 LAST STONE DRAW (LSD)

COMPETITION: \_\_\_\_\_

DATE / LOCATION: \_\_\_\_\_

# LAST STONE DRAW (LSD)

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

SHEET: \_\_\_\_\_ MEN:  WOMEN:  MIXED:

Team	Player	Turn	Distance in cm
		♂	
		♀	
	<b>Total distance</b>		

Team	Player	Turn	Distance in cm
		♂	
		♀	
	<b>Total distance</b>		

SHEET: \_\_\_\_\_ MEN:

WOMEN:  MIXED:

Team	Player	Turn	Distance in cm
		♂	
		♀	
	<b>Total distance</b>		

Team	Player	Turn	Distance in cm
		♂	
		♀	
	<b>Total distance</b>		

SHEET: \_\_\_\_\_ MEN:

WOMEN:  MIXED:

Team	Player	Turn	Distance in cm
		♂	
		♀	
	<b>Total distance</b>		

Team	Player	Turn	Distance in cm
		♂	
		♀	
	<b>Total distance</b>		

SHEET: \_\_\_\_\_ MEN:

WOMEN:  MIXED:

Team	Player	Turn	Distance in cm
		♂	
		♀	
	<b>Total distance</b>		

Team	Player	Turn	Distance in cm
		♂	
		♀	
	<b>Total distance</b>		

SHEET: \_\_\_\_\_ MEN:

WOMEN:  MIXED:

Team	Player	Turn	Distance in cm
		♂	
		♀	
	<b>Total distance</b>		

Team	Player	Turn	Distance in cm
		♂	
		♀	
	<b>Total distance</b>		

Stones completely outside of the House = 199.6 cm

## 2.6 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
	☺		
	☹		
	Total Distance		

LSD Team _____	Turn	Player	Distance
	☺		
	☹		
	Total Distance		

Time-Out Team _____	End #	Stone #
	1 <sup>st</sup> Extra End	
	2 <sup>nd</sup> Extra End	

Time-Out Team _____	End #	Stone #
	1 <sup>st</sup> Extra End	
	2 <sup>nd</sup> Extra End	

Team \_\_\_\_\_

Signature : \_\_\_\_\_

Team \_\_\_\_\_

Signature : \_\_\_\_\_

Violations & Technical Time-Outs  Team _____	End #	Stone #	Action

Violations & Technical Time-Outs  Team _____	End #	Stone #	Action

Official \_\_\_\_\_

Signature : \_\_\_\_\_



## 2.7 GAME TIMING FORM

COMPETITION: \_\_\_\_\_

DATE / LOCATION: \_\_\_\_\_

### GAME TIMING FORM

SHEET: \_\_\_\_\_

MEN:

WOMEN:

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

Team: \_\_\_\_\_

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

End 11		
End 12		

Team: \_\_\_\_\_

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

End 11		
End 12		

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Timer: \_\_\_\_\_ Signature: \_\_\_\_\_

## 2.8 VIOLATION CHART

COMPETITION: \_\_\_\_\_

DATE / LOCATION: \_\_\_\_\_

### VIOLATION CHART

Draw	Team	Player	End	Stone	Violation	Action

D – Dumping  
H – Hog Line  
WP – Wrong Position  
WS – Wrong Sweeper  
BP – Body Prints  
O – Other

PWS – Played Wrong Stone  
M – Movement  
RP – Readiness to Play  
FGZ – Free Guard Zone  
EA – Equipment Abuse

SP – Snow Ploughing  
POT – Played Out Of Turn  
TS – Touched Stone  
T – Timing  
DC – Dress Code

Official: \_\_\_\_\_ Signature: \_\_\_\_\_

## 2.9 PLAYOFF 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 1<sup>ST</sup> 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: \_\_\_\_\_

## 2.10 STONE SELECTION

COMPETITION: \_\_\_\_\_

DATE / LOCATION: \_\_\_\_\_

### 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: \_\_\_\_\_

## 2.11 STONE SELECTION – MIXED DOUBLES

COMPETITION: \_\_\_\_\_

DATE / LOCATION: \_\_\_\_\_

### WMDCC - 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.		
6.		
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: \_\_\_\_\_

## 2.12 STONE SELECTION – WHEELCHAIR CURLING

<b>Wheelchair - Stone Selection</b>					
<b>TEAM</b>			<b>TEAM</b>		
	<b>R/L</b>	<b>RED</b>		<b>R/L</b>	<b>YELLOW</b>
1st Player Stone - 1			1st Player Stone - 1		
1st Player Stone - 2			1st Player Stone - 2		
2nd Player Stone - 1			2nd Player Stone - 1		
2nd Player Stone - 2			2nd Player Stone - 2		
3rd Player Stone - 1			3rd Player Stone - 1		
3rd Player Stone - 2			3rd Player Stone - 2		
4th Player Stone - 1			4th Player Stone - 1		
4th Player Stone - 2			4th Player Stone - 2		

## Wheelchair - Stone Selection

TEAM			TEAM		
	R/L			R/L	
1st Player Stone - 1			1st Player Stone - 1		
1st Player Stone - 2			1st Player Stone - 2		
2nd Player Stone - 1			2nd Player Stone - 1		
2nd Player Stone - 2			2nd Player Stone - 2		
3rd Player Stone - 1			3rd Player Stone - 1		
3rd Player Stone - 2			3rd Player Stone - 2		
4th Player Stone - 1			4th Player Stone - 1		
4th Player Stone - 2			4th Player Stone - 2		

## 2.13 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 2<sup>nd</sup> 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
<p><b><u>SESSION # 1</u></b></p> <p>START: 5 minutes after the end of the last game</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>
<p><b><u>SESSION # 2</u></b></p> <p>START: 20 minutes after the end of the last game</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>
<p><b><u>SESSION # 3</u></b></p> <p>START: 35 minutes after the end of the last game</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>
<p><b><u>SESSION # 4</u></b></p> <p>START: 50 minutes after the end of the last game</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>

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
<p><b><u>SESSION # 1</u></b></p> <p>START: 5 minutes after the end of the last game</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>
<p><b><u>SESSION # 2</u></b></p> <p>START: 20 minutes after the end of the last game</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>
<p><b><u>SESSION # 3</u></b></p> <p>START: 35 minutes after the end of the last game</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>
<p><b><u>SESSION # 4</u></b></p> <p>START: 50 minutes after the end of the last game</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>

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

## 2.14 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.													

OK -

CLOSE -

HOG LINE VIOLATION -

NOT PLAYED -

OFFICIAL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

## 2.15 MIXED DOUBLES – PLACING POINT

**The Placing-Point we are using for this draw is:**

