

**Chedabucto Curling Club Community Activity Society (CAS)**

6 Reddy's Hill Road, PO Box 107, Boylston, NS B0H 1G0

(phone: 533-3328)

[www.chedabuctocc.ca](http://www.chedabuctocc.ca)

(Registration sheets stored in kitchen next to the fridge)

***Selected by Nova Scotia Curling Association as "2014-2015 Organization of the Year".***

**Junior's Registration 2015 – 2016**

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Residential address: \_\_\_\_\_

Junior's date of birth: \_\_\_\_\_

Day

Month

Year

Parents' / Guardians' name(s) \_\_\_\_\_

Mailing address (if different from residence's): \_\_\_\_\_

Email address: \_\_\_\_\_

Contact in case of emergency: Name \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor to contact: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Special medical information that you volunteer to indicate: \_\_\_\_\_

**Parents/Guardians:** CAS is strengthened by all of its members' participation. Committee membership is not required but is appreciated. If parent(s)/guardian(s) are willing, please circle the committee choice(s). If you don't want to be on a committee, please volunteer for tasks whenever possible.

Juniors' Committee

Housing & Safety Committee

Ice Maintenance Committee

Ways and Means Committee

Draw Committee

Bonspiel Committee

Kitchen Committee

Communication Committee

I give permission for my child/ward to become a Junior member of CAS and I also give consent for my address, email and/or my phone number to be used when necessary regarding schedules, bonspiels and other occasions relating to CAS' operations. Photographs of curling-related topics with my child's/ward's photograph also may be published when they are associated with the Chedabucto Curling Club Community Activity Society (CAS); also referred to as the Chedabucto Curling Club.

\_\_\_\_\_  
Parent's / Guardian's Signature

\_\_\_\_\_  
Date