

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

(Registration sheets stored in kitchen next to the fridge)

Junior's Registration 2014 – 2015

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. Thank you.

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 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.

Parent's / Guardian's Signature

Date