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

6 Reddy's Hill Road, PO Box 107, Boylston, NS B0H 1G0 (phone: 902.533-3328) www.chedabuctocc.ca

 $(Juniors' white \ binder \ with \ \underline{confidential} \ emergency \ response \ \underline{information} \ / \ \underline{registration \ sheets} \ stored \underline{in \ kitchen \ on \ the \ fridge})$ 

## Emergency Response Information / Registration 2018 – 2019 Little Rocker's / Junior's

Name:	Phone number:				
Residential	l address:				
Postal mail	l address if diffe	rent from residen	ce		
			month / year		
Parent's/Guardian's name			Email address:		
Contact in case of emergency: Name				Phone #:	
Doctor to contact: Name:				Phone #:	
Special me	edical information	n that you volunt	eer to indicate:		
Parents/G	uardians: If par	rent(s)/guardian(s	) are willing to help, pleas	se circle the committee choice(s).	
Kitchen Ad	Social Ivertisement (Sp	Juniors oonsor Signs)	House Keeping Way	Ground's Maintenance	
Curling Claconsent for bonspiels a child's / wa	ub Community A r my address, er and other matter ard's photograph	Activity Society ( mail and/or my pl rs relating to CA n may be published	CAS), also referred to as none number to be used v S' operations. Photographed when they are associated	Junior Member of the Chedabucto the Chedabucto Curling Club. I give when necessary regarding schedules his of curling-related topics with myed with CAS.  sive). Make cheque payable to CAS.	
Parent's / Guardian's Signature				Date	