

**Land O' Lakes Curling Club
Junior League
Consent/Information Form**

I give my permission for my son/daughter to participate in the Land O' Lakes Curling Club Junior League beginning, November 21st, 2017.

(Signature)

(Date)

Child's Name: _____

Grade Level: _____

School: _____

Emergency Contact Information (please print):

Name: _____

Home Phone Number _____

Work Phone Number _____

Cell Phone Number _____

Email address: _____

Please return this form and the Waiver of Liability form, along with a \$60 cheque payable to The Land O' Lakes Curling Club to your school by Nov 17th. Thank you.