

**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 22, 2016.

(Signature)

(Date)

Child's Name:

Grade Level:

School:

Emergency Contact Information (please print):

Name:

Home Phone Number

Work Phone Number

Cell Phone Number

Please return this form, along with a \$50 cheque payable to The Land O' Lakes Curling Club. Thank you.