

**Spud Isle
Summer Curling Camp
Consent Form**

I _____ give permission for my son/daughter _____ to attend Spud Isle Curling Camp at the Crapaud Curling Club on August 11 & 12, 2008.

In the event of an accident I hold blameless the staff, directors and volunteers of Spud Isle Curling Camp and the Crapaud Curling Club and any volunteer providers of transportation to and from the Crapaud Curling Club.

In the event that I am unable to be contacted in a case of emergency, I hereby authorize the staff to make any medical decisions necessary in the best welfare of my son/daughter.

Emergency contact name: _____

Phone: (H) _____ (W) _____

Health Card Number: _____

Family Doctor : _____

Parents signature _____

Date: _____

Please return consent forms to:

**Gayle Johnston
Box 3 Site 10
46 Kirkdale Rd.
Charlottetown
PEI C1E 1N6**

Email: gaylej@pei.sympatico.ca
Telephone: (902) 368-1071