

**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 10 & 11 2009

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 interest
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