



MEDICAL INFORMATION FORM

(to be completed and submitted at registration on the first day of this curling camp)

Name: _____ Home Phone: _____
Address: _____ Parent Work No.: _____
City: _____ Prov./State: _____ Postal Code: _____
Email: _____ Medical Card Number: _____
Height ___ ft. ___ in. Weight _____ lbs. Age (day one of camp): _____
Names of Parent/Guardian: _____
Allergies: _____
Current Medications: _____
Physical Concerns: _____

Any other information we should know to help your child have a positive experience can be written below. This information will be kept strictly confidential. You may also contact Ryan Lafraniere (rlafraniere@curlnoca.ca) if there is information that may require special attention, so that we are aware of all special cases.

Every effort will be taken to ensure the safety and well-being of each camper. The camper through his/her parent(s) agrees to abide by the rules and regulations of the camp as outlined in this material, for the safety, health, and well-being of everyone at the camp. I/we agree to absolve the camp organizers, the Curling Club/Arena, the University and anyone connected with the camp of any legal liability for any accidents that may occur.

Date

Signature of Parent/Guardian