**Junior Program REGISTRATION FORM**

**2018 – 2019 Season**

Participant Name: Female Male

Age: Grade: Years Curled:

Mother or Guardian #1 Name:

Mother/Guardian #1 Number: Mother/Guardian Email:

Father or Guardian #2 Name:

Father/Guardian #2 Number: Father/Guardian Email:

Alberta Health Care Number:

Any medical conditions that the instructor should be aware of: Yes No

If yes, please list (**NOTE**: information gathered will be shared with the instructor)

Parent/Guardian Signature Date

**Photo Release Consent:**

As required by the Freedom of Information and Protection of Privacy Act (FOIPP 33-C)

This consent form is used when photos are taken by the Grande Cache Curling Club and/or contracted photographers where junior curlers and coaches are identified and the material is to be used for the purposes beyond “regular operations” of the club.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give the Grande Cache Curling Club consent to use my child’s photograph for the following purposes during the 2018/19 curling season:

Website Facebook Newspaper

Newsletters Posters

Parent/Guardian Signature Date