

NOCA CONSENT FORM and PROOF OF AGE

(only required if child is under 18 years of age)

REGION # _____ YEAR _____ TEAM NAME: _____

JUNIOR _____

BANTAM _____

NAME: _____

ADDRESS: _____

POSTAL CODE: _____ EMAIL: _____

TELEPHONE _____ BIRTH DATE: _____

HEALTH CARD #: _____

CLUB: _____

CITY: _____

I, the undersigned, grant permission for my daughter/son _____ to participate in the Junior/Bantam playdowns and assure that she/he will be allowed to advance to the next levels if successful. I agree that the Northern Ontario Curling Association will not be held responsible in anyway, in case of accident or injury.

Parent/Guardian Signature Date

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(Fill in the following only on SKIP's form please)

COACH: _____ TELEPHONE: _____

ADDRESS: _____

POSTAL CODE: _____ NCCP Passport CC.# _____

EMAIL ADDRESS: _____

PLEASE attach proof of competitor's age:

NOTE: If you have submitted proof of age in the past two years, it is not necessary to resubmit it.