



CFB Halifax Curling Club



Junior Program

Emergency Contact Form

Curlers Name: \_\_\_\_\_ Program: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian #1 \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian #1 \_\_\_\_\_ Cell: \_\_\_\_\_

**In case of an emergency, and the above contact person cannot be reached, please contact the following person(s):**

Name: \_\_\_\_\_ Relation to Curler: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

**OR**

Name: \_\_\_\_\_ Relation to Curler: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_