



**Vankleek Hill Curling Club**  
 136 Bond Street, PO Box 287 Vankleek Hill ON K0B 1R0  
 613 678-2009  
[www.vankleekhillcurling.ca](http://www.vankleekhillcurling.ca)



**USE OF HELMETS  
 WAIVER FORM**

The Executive of the Vankleek Hill Curling Club encourages its young members to wear helmets on the ice.

As a parent or guardian of a young curling member you may wish to waive the use of a helmet.

If so, please sign below

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phones: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Cell: ( ) \_\_\_\_\_

Child's Name \_\_\_\_\_ Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_ Child's Name \_\_\_\_\_

Parent/Guardians Signature \_\_\_\_\_

Witness to the signature \_\_\_\_\_

Date \_\_\_\_\_