5925 Monkland Ave
Suite 101
Montreal, QC
H4A 1G7

RSEQ©

GMAA

Phone: 514-482-8555
Fax: 514-487-0121
Email: gmaa@gmaa.ca
Website: www.gmaa.ca

Official Player Registration Form

SCHOOL: | **DEADLINE:** November 10th, 2017

SPORT: CURLING

Classification

Gender: ☐ Mixed ☐ Juvenile

Classification 2017-2018	Juvenile	Open age category - born 1999 or later

Please Type Alphabetically **Coach(es):**

Surname	First Name	mm/dd/yyyy	Surname	First Name	mm/dd/yyyy

Medical Examination Report: Only students who have been medically examined and classified as fit for all physical education activities or have parental permission to participate may be permitted to participate in GMAA activities. Such parental permission must be obtained each school year prior to participation in any GMAA activity. The undersigned certify that the above students have fulfilled all these requirements and are officially registered as full time students at the school.

Secondary Advisory Rep **School Principal**

Please return this form with appropriate signatures and payment to the GMAA office