



**2012  
15<sup>th</sup> Annual  
Skills Manitoba Competition**



**Early Bird Fee (\$40) Deadline: February 24, 2012  
Registration Fee (\$60) Deadline: March 9, 2012**

**Complete this form to its entirety, including signatures. Incomplete or illegible forms will not be processed. All payments are made and sent to Skills Manitoba, 31-1313 Border St. Winnipeg, MB. R3H 0X4**

**COMPETITOR INFORMATION** (Please Print)

CONTEST NAME: \_\_\_\_\_

Level/Program: Secondary/Post Secondary/Pre-Employment/Apprentice: \_\_\_\_\_

(Note: May be required to submit proof of apprenticeship)

COMPETITOR NAME: \_\_\_\_\_

SCHOOL/COLLEGE ATTENDING: \_\_\_\_\_

GENDER: M \_\_\_ F \_\_\_ DATE OF BIRTH (month/day/year): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

NAME OF TEACHER/ADVISOR/INSTRUCTOR: \_\_\_\_\_

TEACHER/ADVISOR/INSTRUCTOR EMAIL ADDRESS: \_\_\_\_\_

PROVINCIAL HEALTH CARD # (6 digits) \_\_\_\_\_

SHIRT SIZE: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_

**EMERGENCY CONTACT INFORMATION**

CONTACT NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

THE FOLLOWING INFORMATION IS BEING COLLECTED FOR PROGRAMMING PURPOSES. COMPLETING THIS SECTION IS OPTIONAL.

INDIGENOUS ANCESTRY: (PLEASE CHECK ONE)

STATUS FIRST NATION \_\_\_\_\_ NON-STATUS FIRST NATION \_\_\_\_\_

MÉTIS \_\_\_\_\_ INUIT \_\_\_\_\_

ARE YOU A PERMANENT RESIDENT? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHAT IS YOUR COUNTRY OF ORIGIN? \_\_\_\_\_

(PLEASE NOTE: MUST BE A CANADIAN CITIZEN OR PERMANENT RESIDENT TO ENTER COMPETITION)

**CONDITIONS OF PARTICIPATION AND ATTENDANCE**

**Code of Conduct**

Skills Canada Manitoba and all of its provincial and territorial members are dedicated to ensuring that everyone who attends a Skills Competition has an enjoyable experience with maximum attention paid to safety and comfort. Therefore, the Skills Organization has established a mandatory "Code of Conduct." It is with this spirit of being a proud Competitor in a Skills Competition that I agree to follow these rules of professional conduct.

1. My conduct shall be exemplary at all times.
2. I will, at all times required, wear my official identification badge.
3. I will attend activities to which I am assigned and registered and will be on time.
4. I will adhere to the dress code at all times as required.
5. I will spend each night in the accommodation to which I may be assigned.
6. I will respect all public and private property, including the accommodation to which I may be assigned.
7. I will refrain from the use of alcoholic beverages and drugs (except prescribed medication).

**PLEASE READ AND SIGN THE REVERSE**

**CONDITIONS OF PARTICIPATION AND ATTENDANCE (Con't)**

**The Competitor acknowledges that his/her Advisor is responsible for the Competitor from the Competitor's home departure point and throughout the competition until the return of the Competitor to his/her original point of departure.** It should be noted that your assignment is voluntary and, as such, you agree to abide by the official Skills Canada Manitoba's and all of its provincial and territorial members' "Rules and Regulations" and "Conditions of Participation" or forfeit your personal rights to attend and participate in the 2012 Skills Competitions. Violators may be sent home at their own expense. Proper notification of the violation and action taken will be sent to the organization responsible for the Competitor and a copy will be provided to the Skills Canada Manitoba's Board of Directors. In addition, the Competitor shall be responsible for any costs incurred by the Skills Organization on behalf of the Competitor.

**Liability Release**

I/We hereby agree to release Skills Canada Manitoba and all of its provincial and territorial members, its representatives, agents, servants and employees from liability for any injury to the named person, resulting from any cause whatsoever occurring to the named person at any time while attending any Skills Canada Manitoba and all of its provincial and territorial members activities, including travel to and from these activities. I/WE hereby confirm that I am responsible for my health and that I acknowledge my/our responsibility to ensure that I/we protect myself/our child from any allergies (food or otherwise) or health concerns which may affect my/their ability to participate in Skills Canada Manitoba and all of its provincial and territorial members competitions. I/WE hereby agree to release Skills Canada Manitoba and all of its provincial and territorial members, its representatives, agents, servants and employees from liability resulting from medical conditions, including medications, allergies, disabilities and the like which may affect my ability to participate and/or which results in illness or death while attending any Skills Canada Manitoba and all of its provincial and territorial members activities, including travel to and from these activities.

**Medical Acknowledgement**

I/WE hereby acknowledge that I am medically fit and I have no medical conditions that would interfere with my attendance at the Skills Competition and acknowledge my responsibility to disclose any medical condition that could compromise my safety or the safety of others while I attend or participate in Skills Competition activities. I/WE do voluntarily authorize Skills Canada Manitoba and all of its provincial and territorial members to obtain emergency medical treatment and diagnostic procedures for the named person as deemed necessary in reasonable medical judgment. I/WE agree to indemnify and hold harmless Skills Canada Manitoba and all of its provincial and territorial members for any and all claims, demands, actions, rights of action, and/or judgments by or on behalf of the named person arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards.

**Release of Information/Photos**

I/WE understand and agree that any information pertaining to my participation in Skills Canada Manitoba and all of its provincial and territorial members' activities may be sent to other organizations; i.e. media, schools, organizations, my local Member of Parliament and/or Member of the Provincial Parliament, etc. I/WE agree that still photographs and videotapes of me taken during the course of Skills Canada Manitoba and all of its provincial and territorial members' activities become the property of Skills Canada Manitoba and all of its provincial and territorial members and may be used and reproduced by Skills Canada Manitoba and all of its provincial and territorial members in promotional materials and bulletins. I/WE also understand that Skills Canada Manitoba and all of its provincial and territorial members may communicate with me or with my parent or guardian if I am under the age of majority.

*Having read and understood completely Skills Canada Manitoba and all of its provincial and territorial members' "Code of Conduct, Liability Release, Medical Acknowledgement, Release of Information/Photos, and Skills Canada National Competition Consent" and, by signing the Skills Canada Manitoba and all of its provincial and territorial members' Registration Form, I do hereby agree to follow the procedures and practices described.*

Date \_\_\_\_\_

Signature of Competitor \_\_\_\_\_

Signature of Guardian (If Competitor is under 18 years) \_\_\_\_\_

Signature of Witness (If Competitor is over 18 years) \_\_\_\_\_

**SKILLS CANADA NATIONAL COMPETITION CONSENT (please check one)**

**YES** In the event that I win a gold medal in the 2012 Provincial Skills Competition and meet eligibility requirements, I consent to attend the 2012 Skills Canada National Competition May 12—16, in Edmonton, AB. This form may serve as my registration for the 2012 Competition and I understand that releases, acknowledgements and agreements remain the same as those specified on this registration form. (Note: Skills Canada National Competition Rules, Regulations and Fees apply.)

**NO** I am not willing to participate in the 2012 Canadian Skills Competition.

Date \_\_\_\_\_

Signature of Competitor \_\_\_\_\_

Signature of Guardian (If Competitor is under 18 years) \_\_\_\_\_

**Contact Info:**

Phone: (204)927-0250

E-mail: [shawnao@skillscanada.com](mailto:shawnao@skillscanada.com)

