

2011 SKILLS/COMPÉTENCES CANADA

SKILLS CANADA NATIONAL COMPETITION REGISTRATION FORM

COMPETITOR

NAME: _____

BIRTHDATE (d/m/y): _____ GENDER: M F

COMPETITION: _____ COMPETITION NUMBER: _____

LANGUAGE PREFERENCE: E F CLASSIFICATION: Secondary Post Secondary

ADDRESS: _____

CITY: _____ PROV.-TERR: _____ POSTAL CODE: _____

PHONE: _____ FAX: _____ HEALTH CARD NUMBER (optional): _____

EMAIL: _____

EMERGENCY CONTACT'S NAME: _____

EMERGENCY CONTACT'S PHONE: _____

SCHOOL/EMPLOYER'S (where applicable): _____

ADVISOR'S NAME (where applicable): _____

ADVISOR'S PHONE: _____

SELF IDENTIFICATION (Optional)

Do you consider yourself a member of a visible minority group in Canada? No ___ Yes ___ (Specify) _____

Do you consider yourself an Aboriginal person? No ___ Yes ___ (Specify) _____

Do you consider yourself a person with a disability? No ___ Yes ___ (Specify) _____

Optional: Please fill out our self-disclosure form for competitors that indicated they have a disability.
This form can be found online at www.skillscanada.com

Completed registration forms should be returned to your provincial/territorial Member Organization

Registration forms are available online at www.skillscanada.com

17th Skills Canada National Competition:

June 1-4, 2011
Quebec City, Quebec

CONDITIONS OF PARTICIPATION/ATTENDANCE

Code of Conduct
Skills/Compétences Canada (S/CC) and all of its provincial/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 that I agree to follow these rules of professional conduct.

1. My conduct shall be exemplary at all times.
2. I will, at all specified times, 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
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 drugs (except prescribed medication).

8. I will refrain from the use of alcoholic beverages during all Skills/Compétences Canada activities.

The Competitor acknowledges that he/she will be responsible to his/her chaperon/advisor/provincial-territorial designate to and from the identified point of provincial/territorial departure.

It should be noted that your assignment is voluntary and, as such, you agree to abide by Skills/Compétences Canada and your Provincial/territorial member's official "Rules and Regulations" and "Conditions of Participation" or forfeit your personal rights to attend and participate in the Canadian Skills Competition. 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/Compétences Canada's Board of Directors.

Date

Signature of Witness
(if Competitor is under age of majority in their province/territory)

Signature of Competitor

Signature of Guardian
(if Competitor is of age of majority in their province/territory)

Completed registration forms should be returned to your provincial/territorial Member Organization

Registration forms are available online at

www.skillscanada.com

17th Skills Canada National Competition:

June 1-4, 2010
Quebec City, Quebec

Liability Release

I/We hereby agree to release Skills/Compétences Canada and its provincial/territorial Member Organizations, 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/Compétences Canada and its provincial/territorial Member Organization 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/Compétences Canada and its provincial/territorial Member Organization's activities.

I/We hereby agree to release Skills/Compétences Canada and its provincial/territorial Member Organizations, 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/Compétences Canada and its provincial/territorial Member Organization 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 or participation in the Skills/Compétences Canada Competition and acknowledge my responsibility to disclose any medical condition that could compromise my safety or the safety of others who attend or participate in Skills/Compétences Canada Competition activities.

Having read and understood completely Skills/Compétences Canada and its provincial/territorial members « Code of Conduct », Liability Release, Medical Acknowledgement, Release of Information/Photos, and Canadian Skills Competition Consent » and, by signing the Skills/Compétences Canada and its provincial/territorial member's Registration Form, I do hereby agree to follow the procedures and practices described.

its provincial/territorial Member Organizations 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/Compétences Canada and its provincial/territorial Member Organizations 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/Compétences Canada and its provincial/territorial Member Organization 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/Compétences Canada and its provincial and territorial Member Organization activities become the property of Skills/Compétences Canada and its provincial/territorial Member Organization and may be used and reproduced by Skills/Compétences Canada and its provincial/territorial Member Organizations in promotional materials and bulletins.

I/We also understand that Skills/Compétences Canada and its provincial/territorial Member Organization may communicate with me.

Date

Signature of Witness

(if Competitor is under age of majority in their province/territory)

Signature of Competitor

Signature of Guardian

(if Competitor is of age of majority in their province/territory)