

**PLEASE
PRINT**

**19th Annual Skills Manitoba Competition
JUDGE'S REGISTRATION FORM
April 14, 2016**

**PLEASE
PRINT**

NAME: _____ GENDER: M / F Can you speak French? Yes / No
First Name Last Name

ADDRESS: _____ CITY: _____ PROV: _____

POSTAL CODE: _____ WORK/DAY PHONE: (____) _____ FAX: (____) _____

EMAIL: _____ CELL: (____) _____ MB MEDICAL NO: _____

SCHOOL /COMPANY/ASSOCIATION (If Applicable): _____

EMERGENCY CONTACT: _____ PH: (____) _____ (____) _____
(Day) (Night)

DATES AVAILABLE: _____ TIMES AVAILABLE: _____

Level Judging (Please Circle) : Post Secondary Secondary SHIRT SIZE: S M L XL XXL XXXL

JUDGE (Please specify CONTEST): _____

Code of Conduct

Skills/Compétences Canada and all of its provincial and territorial members are dedicated to ensuring that everyone who attends a Skills Activity 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 volunteer, associate, advisor, guest and/or member of Skills/Compétences Canada and all its provincial and territorial members 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 for 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 respect all public and private property.
6. I will refrain from the use of alcoholic beverages and drugs (except prescribed medications).

Liability Release

I/We hereby agree to release Skills/Compétences Canada 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/Compétences Canada 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/Compétences Canada and all of its provincial and territorial members competitions.

I/WE hereby agree to release Skills/Compétences Canada 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/Compétences Canada 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/Compétences Canada 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/Compétences Canada 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 agree that information pertaining to my participation in Skills activities, including my name and occupation may be used by Skills/Compétences Canada and all of its provincial and territorial members in promotional material and websites, and that still photographs and videotapes of me taken during the course of Skills/Compétences Canada and all of its provincial and territorial members activities become the property of Skills/Compétences Canada and all of its provincial and territorial members and may be used and reproduced in promotional materials and websites. I/WE also understand that Skills Canada Manitoba may communicate with me or with my parent or guardian if I am under the age of majority.

Having read and understood completely Skills/Compétences Canada's and all of its provincial and territorial members' "Code of Conduct, Liability Release, Medical Acknowledgement, and Release of Information/Photos," and, by signing this form below, I/WE do hereby agree to follow the procedures and practices described.

PRINT NAME: _____

Date: _____

Signature of Judge

Signature of Guardian (If judge is under 18 years)

Witness (If judge is over 18 years)

31 – 1313 Border Street
Winnipeg, MB R3H 0X4

Phone: 204-927-0250
Fax: 204-927-0258

Email: shawnao@skillscanada.com
Website: www.skillsmanitoba.ca