

# SCC ACTIVITIES REGISTRATION FORM

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Competitor    Delegate    Advisor    Judge    Volunteer    NTC  
 National Board Member    VIP    SCC Member Organisation Staff

Name: \_\_\_\_\_

What SCC activity are you attending: \_\_\_\_\_

Birthdate (d/m/y): \_\_\_\_\_

Gender:  M    F

Competition: \_\_\_\_\_

Competition Number: \_\_\_\_\_

Language Preference:  EN    FR

Classification:  Secondary    Post Secondary

Address: \_\_\_\_\_

City: \_\_\_\_\_

Prov.-Terr: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Health Card Number (optional): \_\_\_\_\_

Email: \_\_\_\_\_

Allergies: \_\_\_\_\_

Emergency Contact's Name: \_\_\_\_\_

Emergency Contact's Phone: \_\_\_\_\_

School/Employer's Name and Phone # (where applicable): \_\_\_\_\_

Chaperone's Name (where applicable): \_\_\_\_\_

Chaperone's Contact Number at Competition: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

List name(s) of competitor(s) under your supervision (advisors only): \_\_\_\_\_

Are you a Canadian Citizen or a Landed Immigrant?  No    Yes

## 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.

# CODE OF CONDUCT

Skills/Compétences Canada and all of its provincial/territorial Member Organization's are dedicated to ensuring that everyone who attends SCC activities has an enjoyable experience with maximum attention paid to safety and comfort. Therefore, SCC has established a mandatory "Code of Conduct". It is with this spirit of being a proud person that I/we agree to follow these rules of professional conduct.

1. My/Our conduct shall be exemplary at all times.
2. I/We will, at all specified times, wear my/our official identification badge.
3. I/We will, attend activities to which I/we am/are assigned and registered and will be on time.
4. I/We will, adhere to the dress code at all times as per the "Competition Rules".
5. I/We will, spend each night in the accommodation to which I/we may be assigned.
6. I/We will, respect all public and private property, including the accommodation to which I/we may be assigned.
7. I/We will, refrain from the use of drugs (except prescribed medication).
8. I/We 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 chaperone/advisor/provincial-territorial designated Team Leader to and from the identified point of provincial/territorial departure.

Advisors acknowledge that they are responsible to provide guidance and monitor the behavior of the competitor to and from the identified point of provincial/territorial departure and report any instances to the provincial/territorial organization.

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 Organization's official rules and regulations and conditions of participation or forfeit your personal rights to attend and participate in SCC activities. 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 Individual and a copy will be provided to the Skills/Compétences Canada's Board of Directors. In addition, the Individual shall be responsible for any costs incurred by SCC on behalf of the Individual.

## Liability Release

I/We hereby acknowledge that participation in SCC activities involves the use of inherently dangerous equipment, including, but not limited to, the use of tools, power tools, welding equipment and heavy appliances. I/We hereby acknowledge that the use of such inherently dangerous equipment has the potential to cause injury, death or dismemberment. I/We hereby acknowledge that I/we accept the risk that I/we may sustain injury, death or dismemberment as a result of participating in SCC activities.

I/We hereby acknowledge my/our agreement to make proper use of any and all reasonable personal protective equipment in order to minimize the risk of injury, death or dismemberment. Furthermore, I/we hereby acknowledge my/our agreement to take all reasonable steps to ensure my/our own safety, as well as the safety of any and all other persons while participating in SCC activities.

I/We, on behalf of myself/ourselves and my/our successors, heirs, executors, administrators, assigns, and on behalf of any party or parties who claim a right of interest through me/us (hereinafter collectively referred to as "the Releasors"), hereby agree to release Skills/Compétences Canada, its provincial/territorial Member Organizations, their representatives, insurers, agents, servants and employees (hereinafter collectively referred to as "the Releasees") from any form of liability arising from any injury, death or dismemberment to the Releasors, or any other person, resulting from any cause whatsoever, at any time while attending at or participating in SCC activities, including travel to and from these activities. The Releasors agree not to advance any claims, demands, actions, rights of action, and/or judgments against the Releasees for damages, loss or injury, howsoever arising. The Releasors also agree to indemnify the Releasees and hold the Releasees harmless for any claims, demands, actions, rights of action, and/or judgments brought against them by any party, which arise, or are alleged to arise, from my/our participation in SCC activities. The Releasors further agree not to advance any claims, demands, actions, rights of action, and/or

judgments against any other person who might claim contribution or indemnity as against the Releasees under the provisions of legislation that provide for joint and several liability.

## Medical Acknowledgement

I/We hereby acknowledge that I/we am/are responsible for my/our own health. I/We further acknowledge my/our responsibility to ensure that I/we protect myself/ourselves and any of my/our children from any allergies (food or otherwise) or health concerns.

I/We hereby acknowledge that I/we have no medical conditions, including, but not limited to, physical, mental, psychological or behavioural conditions, whether or not treatment is currently being received, that could affect, compromise or interfere with my/our attendance or participation in SCC activities. I/We acknowledge my/our responsibility to disclose any medical condition that could affect, compromise or interfere with my/our safety or the safety of others who attend or participate in SCC activities.

The Releasors hereby agree to release the Releasees from any liability arising from any injury, death or dismemberment to myself/ourselves, or any other person, resulting, in whole or in part, or alleged to have resulted, in whole or in part, from medical conditions, including, but not limited to, physical, mental, psychological or behavioural conditions, medications, allergies and disabilities, whether or not treatment is currently being received, and the like which may affect, compromise or interfere with my ability to attend or participate in SCC activities. The Releasors also agree to indemnify the Releasees and hold the Releasees harmless for any claims, demands, actions, rights of action, and/or judgments brought against them by any party, which arise, or are alleged to arise, from any injury, death or dismemberment to any person, and resulting, in whole or in part, or alleged to have resulted, in whole or in part, from medical conditions, including, but not limited to, physical, mental, psychological or behavioural conditions, medications, allergies and disabilities, whether or not treatment is currently being received, and the like which may affect, compromise or interfere with my ability to attend or participate in SCC activities. The Releasors further agree not to advance any claims, demands, actions, rights of action, and/or judgments against any other person who might claim contribution or indemnity as against the Releasees under the provisions of legislation that provide for joint and several liability.

## Medical Treatment

I/We hereby acknowledge that I/we may require medical treatment and procedures in the event that we sustain injury, death or dismemberment. The Releasors hereby agree to release, indemnify and hold harmless the Releasees for any and all claims, demands, actions, rights of action, and/or judgments that arise from, or are alleged to arise from, the administration of medical treatment and procedures rendered in good faith.

## Release of information/photos

I/We understand and agree that any information pertaining to my/our participation in SCC activities may be sent by the Releasees to other organizations, i.e. media, schools, organizations, my/our local Member of Parliament and/or Member of the Provincial Legislature, etc.

I/We agree that still photographs and videotapes taken during the course SCC 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, advertising, bulletins, website, and social media (facebook, twitter, youtube etc.) and that these images would be subject to the terms and conditions of these social media sites.

The Releasors hereby agree to release the Releasees from any liability arising from the use of any information pertaining to the participation in the SCC activities, and the use of any still photographs and videotapes taken during the course of SCC activities. The Releasors further agree not to advance any claims, demands, actions, rights of action, and/or judgments against any other person who might claim contribution or indemnity against the Releasees under the provisions of legislation that provide for joint and several liability.

I/We also understand that Skills/Compétences Canada and its provincial/territorial Member Organization and their representatives may communicate with myself/ourselves.

**Having read and understood completely the included Code of Conduct, Liability Release, Medical Acknowledgement, Medical Treatment, Release of Information/Photos, and, by signing the Skills/Compétences Canada's Registration Form, I do hereby agree to follow the procedures and practices described.**

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Date

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Signature

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Signature of Witness

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