



2017 PROVINCIAL SKILLS COMPETITION REGISTRATION FORM

Completed forms can be dropped off in person, mailed to Skills Canada PEI, by fax to 566.9505 or scanned and emailed to tmacleod@hollandcollege.com

DEADLINE: REGISTRATION FORMS AND \$25.00 FEE DUE BY February 17, 2017

PLEASE PRINT CLEARLY

NAME: _____

BIRTHDATE (d/m/y): _____ GENDER: __ M __ F LANGUAGE PREFERENCE: __ E __ F

CONTEST: _____ __ Secondary __ Post Secondary/Apprentice

ADDRESS: _____

CITY: _____ Province: _____ POSTAL CODE: _____

PHONE: _____

EMAIL: _____

EMERGENCY CONTACT'S NAME & PHONE: _____

SCHOOL /EMPLOYER (where applicable) _____

TEACHER/COACH'S NAME (where applicable): _____

TEACHER/COACH'S PHONE: _____ TEACHER/COACH'S EMAIL: _____

NOTE: Competition is open to all students as per guidelines set forth by SCPEI. However, only Canadian citizens or Landed Immigrants are eligible to compete at the National level. Proof of citizenship may be required.

CONDITIONS OF PARTICIPATION

Code of Conduct

Skills/Compétences Canada 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 follow safety regulations as put forth during competitor orientation.
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 adhere to competition policies as put forth during competitor orientation.
6. I will refrain from the use of alcoholic beverages and drugs (except prescribed medication).

Having read and understood completely Skills/Compétences Canada and all of its provincial and 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 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)**

CONDITIONS OF PARTICIPATION (continued)

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 understand and agree that any information pertaining to my participation in Skills/Compétences Canada 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/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 by Skills/Compétences Canada and all of its provincial and territorial members in promotional materials and bulletins. I/WE also understand that Skills/Compétences Canada 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.

YES In the event that I win a gold medal in the 2017 Provincial Skills Competition, I consent to attend the 2017 Canadian Skills Competition May 31-June 3, 2017. *(Note: Skills Canada National Competition Rules, Regulations and \$250 Fee apply.) I also agree to attend all training hours as assigned by Skills Canada PEI.*

NO I am not willing to participate in the 2017 Canadian Skills Competition.

Having read and understood completely Skills/Compétences Canada and all of its provincial and territorial members' "Code of Conduct, Liability Release, Medical Acknowledgement, Release of Information/Photos, and Canadian Skills Competition Consent" and, by signing the Skills Competences Canada 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)
Signature of Witness (If Competitor is over 18)