

2007 SKILLS/COMPÉTENCES CANADA CSC REGISTRATION FORM

DELEGATE ADVISOR (Please check one)

NAME: _____

LANGUAGE PREFERENCE: E , F GENDER: M F

ADDRESS: _____

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

PHONE: _____ FAX: _____ MEDICAL NUMBER: _____

EMAIL: _____

EMERGENCY CONTACT'S NAME: _____

EMERGENCY CONTACT'S PHONE: _____

SCHOOL & EMPLOYER'S NAME AND PHONE # (where applicable):

LIST NAME(S) OF COMPETITOR(S) UNDER YOUR SUPERVISION (ADVISORS ONLY)

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 volunteer, associate, advisor guest and/or member of Skills/Compétences Canada 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.

*Provincial/territorial designate includes: advisor, chaperon and Skills Canada staff.

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.

Date

Signature of Delegate/Advisor

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's official "Rules and Regulations" and "Conditions of Participation" or forfeit your personal rights to attend and participate in the 2007 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 Delegate/Advisor and a copy will be provided to the Skills/Compétences Canada's Board of Directors. In addition, the Delegate/Advisor shall be responsible for any costs incurred by the Skills Organization on behalf of the Delegate/Advisor.

Signature of Witness

Completed registration forms should be returned to the S/CC office in your region.

Registration forms are available online at www.skillscanada.com

13th Annual Canadian Skills Competition:

June 6-9, 2007
PrairieLand Park
Saskatoon,
Saskatchewan



CONDITIONS OF PARTICIPATION/ATTENDANCE

Liability Release

I/We hereby agree to release Skills/Compétences Canada and its provincial/territorial member, 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 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's Competitions.

I/We hereby agree to release Skills/Compétences Canada and its provincial/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 which attending any Skills/Compétences Canada and its provincial/territorial member's 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 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 Competition activities.

I/We do voluntarily authorize Skills/Compétences Canada and its provincial/territorial member 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 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's 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's activities become the property of Skills/Compétences Canada and its provincial/territorial member and may be used and reproduced by Skills/Compétences Canada and its provincial/territorial member in promotional materials and bulletins.

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

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.

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Signature of Delegate/Advisor

Signature of Witness



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