

# Regional Skills Competition

May 11 - May 13, 2009



**Our Hands...Building Our Future**  
Regional Skills Competition

# Competitor Registration Form

(to be completed by student)

Registration Deadline:

**April 17, 2009**

## FOR WHICH COMPETITION(S) ARE YOU APPLYING?

Automotive Technology  Individual Carpentry  Team Carpentry  Culinary Arts  Graphic Design  Welding

## SCHOOL INFORMATION: PLEASE PRINT CLEARLY. ALL INFORMATION MUST BE FILLED OUT COMPLETELY.

School Name: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

## COMPETITOR INFORMATION:

Competitor Name: \_\_\_\_\_ Gender:  Male  Female

Mailing Address: \_\_\_\_\_ Date of Birth (day/month/year): \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

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

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone: Daytime ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_

Shirt Size:  S  M  L  XL  XXL Pant Size: Waist \_\_\_\_\_ inches

## MEDICAL INFORMATION:

Provincial Health Card #: \_\_\_\_\_ Year of last tetanus shot: \_\_\_\_\_

Do you have any existing medical conditions which would affect your ability to participate?  No  Yes

If yes, please explain: \_\_\_\_\_

Do you have any non-food allergies:  No  Yes If yes, please list: \_\_\_\_\_

## SPECIAL NEEDS:

Do you have any special needs (physical, language, etc.) that will require additional support at the contest site?  No  Yes

If yes, please describe the need and the support required: \_\_\_\_\_

Do you require a special diet (i.e. vegetarian, food allergies)?  No  Yes

If yes, please list: \_\_\_\_\_

**PLEASE NOTE:** There are only 20 spots available per competition for our entire region. A confirmation package will be sent to those who obtain a spot in the competition by May 5th with further details. A registration fee of \$10.00 is payable to your teacher.

### AGREEMENT TO PARTICIPATE AND RELEASE WAIVER

I have read and understand the rules and conditions\* of participation as set out in this form and I agree to them.

\_\_\_\_\_  
Signature of Student/Competitor

\_\_\_\_\_  
Signature of Parent/Guardian\*\*

\_\_\_\_\_  
Date

\*See Competitor Conditions & Waiver

\*\*If you are under 18 years of age, the signature of your parent/guardian is required to participate



School Sponsors:



Media Sponsors:



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# Competitor Conditions & Waiver

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As a participant/competitor (the "Competitor") and parent/guardian (the "Parents") of a Competitor in the 2009 Regional Skills Competition (the "Competition"), we have read, understand and by signing the "Competitor Registration Form" agree to the following terms:

## PRIVACY STATEMENT

The Workforce Development Board respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists. The information you provide will be used to deliver services and to keep you informed and up-to-date on the activities of the Workforce Development Board, including programs, services, special events, funding needs, opportunities to volunteer or to give, and open houses through periodic contacts. If at any time you wish to be removed from these mailing lists simple contact us by phone at (705) 749-3250 or email [gevans@wdb.ca](mailto:gevans@wdb.ca) and we will gladly accommodate your request.

## LIABILITY & MEDICAL RELEASE

We hereby agree to release Workforce Development Board, it's representatives, agents, servants and employees from liability for any injury to the Competitor, resulting from any cause whatsoever occurring to the Competitor at any time while attending any Competition activities, including travel to and from these activities, excepting only such injury or damage resulting from willful acts of such representatives, agents, servants, and employees.

We do voluntarily authorize Workforce Development Board to obtain routine or emergency diagnostic procedures and/or routine emergency medical treatment for the Competitor as deemed necessary in medical judgment.

We agree to indemnify and hold harmless Workforce Development Board for any and all claims, demands, actions, rights of actions, and/or judgment by or on behalf of the Competitor arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards.

## PHOTO RELEASE

We agree that still photographs and videotapes of the Competitor taken during the course of the Competition activity may be used and reproduced by the Workforce Development Board in promotional materials and bulletins.

We understand and agree to the release of information pertaining to the Competitor's participation in the Competition

- including the Competitor's name, occupation, status as an apprentice, and standing in the Competition - to my local Member of Parliament and/or Member of the Provincial Parliament.

## CODE OF CONDUCT

Workforce Development Board wants every Competitor to have an enjoyable experience with maximum attention on safety and comfort. To receive maximum benefit from your participation, the "Code of Conduct" has been established by Workforce Development Board and must be adhered to always.

It should be noted that your assignment is voluntary, and as such you agree to abide by the official Workforce Development Board rules and regulations or forfeit your personal rights to attend and participate. By signing and returning the "Regional Skills Competition Registration Form" you agree to this "Code of Conduct".

1. The Competitor's conduct shall be exemplary at all times.
2. The Competitor will at all times be required to wear his/her official identification badge.
3. The Competitor will attend all activities for which he/she is registered and will be on time.
4. The Competitor will not engage in any form of dishonest conduct while competing and acknowledge that the Workforce Development Board has zero tolerance for cheating.

## TOOLS, EQUIPMENT, AND MATERIALS

Please note that all personal tools, equipment and materials are the responsibility of the Competitor including, without limitation, any liability as a result of any loss or damage of such. Workforce Development Board will not be providing a storage area. All materials and finished products and any intellectual property rights therein are the sole property of Workforce Development Board and the competitor hereby waives any moral rights therein.

Having read and understood completely the "Code of Conduct" of Workforce Development Board, liability, medical release and photo release, I do agree to follow the procedures and practices described.



School Sponsors:



Media Sponsors:





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**WELDING**

Please print clearly. Please Fax this Summary Participation Form and the Competitor Registration Form(s) to the Workforce Development Board at 705-749-3162 by April 17, 2009.

**SCHOOL INFORMATION**

SCHOOL NAME: \_\_\_\_\_

SCHOOL BOARD:  TLDSB     KPRDSB     PVNCCDSB

PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

TEACHER NAME: \_\_\_\_\_

TEACHER EMAIL: \_\_\_\_\_  
(confirmation that your registration form was received will be sent via email)

**COMPETITOR INFORMATION SUMMARY**

1<sup>st</sup> Choice Competitor Name: \_\_\_\_\_

2<sup>nd</sup> Choice Competitor Name: \_\_\_\_\_

3<sup>rd</sup> Choice Competitor Name: \_\_\_\_\_

4<sup>th</sup> Choice Competitor Name: \_\_\_\_\_

**PLEASE NOTE:** There are only 20 spots available per competition for our entire region. A confirmation package will be sent to those who obtain a spot in the competition by May 5th with further details. Teachers are responsible for collecting the \$10 registration fees from the students and submitting them on the day of the competition. If you have any questions, or do not receive a confirmation email by the registration deadline, please contact Anne Castle at [anne@skillscomp.com](mailto:anne@skillscomp.com) or 705-749-3250 X 15.

