



**2019 DAWSON TERRITORIAL SKILLS COMPETITION
FEBRUARY 8TH, 2019 – DAWSON, YT
Registration must be submitted on or before January 25th, 2019**

PLEASE PRINT CLEARLY

NAME: _____

BIRTHDATE (d/m/y): _____ GENDER: _____

CONTEST AREA: _____

SECONDARY/ POST-SECONDARY/ APPRENTICE: _____

ADDRESS: _____

CITY: _____ PROV/TER: _____ POSTAL CODE: _____

PHONE: _____ FAX: _____ T-SHIRT SIZE: _____

EMAIL: _____

EMERGENCY CONTACT'S NAME & PHONE: _____

SELF IDENTIFICATION:

Do you consider yourself a person with a disability? No ___ Yes ___ (Specify) _____

If yes, are accommodations required? No ___ Yes ___

SCHOOL & EMPLOYER (if applicable): _____

ADVISOR'S/COACH'S NAME (if applicable): _____

ADVISOR'S/COACH'S PHONE: _____

ADVISOR'S/COACH'S EMAIL: _____

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 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. (When Applicable)

6. I will respect all public and private property, including the accommodation to which I may be assigned.

7. I will refrain from the use of alcoholic beverages and drugs (except prescribed medication).

The Competitor acknowledges that his/her Advisor is responsible for the Competitor from the Competitor's home departure point and throughout the competition until the return of the Competitor to his/her original point of departure.

It should be noted that your assignment is voluntary and, as such, you agree to abide by the official Skills/ Compétences Canada's and all of its provincial and territorial members' "Rules and Regulations" and "Conditions of Participation" or forfeit your personal rights to attend and participate in the 2019 Skills Competitions.

Medal performances at the Yukon Territorial Skills Competition do not necessarily result in attendance at the Canadian Skills Competition May 26th-May 31st, 2019 in Halifax, Nova Scotia, as all results must be approved by the Selection Committee.

Having read and understood completely Skills Canada and all of its provincial and territorial members' "Code of Conduct and, by signing the Skills 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 19) Signature of Witness (If Competitor is over 19)
------	-------------------------	------------------------------------------------------------------------------------------------------

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 anytime 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 Yukon Territorial 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 the Yukon Territorial Skills Competition.

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 judgement.

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.

Having read and understood completely Skills/Compétences Canada and all of its provincial and territorial members' "Code of Conduct, Liability Release, Medical Acknowledgement and Release of Information/Photos" 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 19) Signature of Witness (If Competitor is over 19)
------	-------------------------	------------------------------------------------------------------------------------------------------