

## **CARDBOARD BOAT RACE**

**August 16<sup>TH</sup>, 2019 – 4:00 pm - 8:00 pm**  
Canada Games Center

### **GENERAL INFORMATION**

- The purpose of the cardboard boat race event is to encourage thinking skills, continuous learning, oral communication and working with others which are part of the core 9 Essential Skills.
- Teams can register for this event as team of 2, 3 or 4. However during the “race”, 2 members of the team will be in a boat.
- Participants will have 1.5 hours to design and construct a boat out of cardboard with material provided by Skills Canada Yukon (cardboard and scissors provided). Only material that has been provided is allowed.
- All participants must wear a personal floatation device at all times while in the water. Please bring your own personal floatation device if you have one. Personal floatation devices are available at the Canada Games Center, but numbers are limited.
- Only participants who are registered are able to participant in this event.

### **EVENT SCHEDULE**

<b>EVENT SCHEDULE</b>	
<b>4:00 PM – 4:30 PM</b>	<b>Check in/ Registration</b>
<b>4:30 PM – 4:45 PM</b>	<b>Announcements</b>
<b>4:45 pm – 6:15 PM</b>	<b>Boat Construction</b>
<b>6:15 PM – 6:30 PM</b>	<b>Change into Swimsuits/ Rules for Race</b>
<b>6:45 PM – 7:30 PM</b>	<b>Races</b>
<b>7:30 PM – 7:45 PM</b>	<b>Judging</b>
<b>7:45 PM – 8:00 PM</b>	<b>Awards and Closing</b>

## **REGISTRATION FORM**

\*Please complete the following registration form and sign the bottom of page 3 for each team member and return to Skills Canada Yukon no later than **Friday August 2<sup>nd</sup>, 2019.**

\*Skills Canada Yukon is located at **108 Lambert Street in Whitehorse**. Alternatively forms can be scanned and emailed to **skillscanada@northwestel.net**. Please call **(867) 668-2736** if you have any questions.

<b>Registration Information</b>	
<b>Team Name:</b>	
<b>Frist Name:</b>	<b>Last Name:</b>
<b>Date of Birth (d/m/y):</b>	
<b>Address:</b>	
<b>City/Town:</b>	<b>Postal Code:</b>
<b>Phone:</b>	<b>Email:</b>
<b>Health considerations/accommodations:</b>	
<b>Emergency Contact Information</b>	
<b>First Name:</b>	<b>Last Name:</b>
<b>Phone:</b>	<b>Email:</b>

### **Liability Release**

I/WE hereby agree to release Skills Competences Canada and all of its provincial and territorial members, its representatives, agents, servants and employee 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 Competences 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 healthy and that I acknowledge my/our responsibility

to ensure that I/We protect myself/our child from any allergies ( Food or otherwise) or healthy concerns which may affect my/their ability to participate in Skills Competences Canada and all of its provincial and territorial members competitions and actives.

I/WE hereby agree to release Skills Competence Canada and all of its provincial and territorial members, its representatives, agents, servants and employee from liability resulting from medical condition, including medication, allergies, disabilities and the like which may affect m ability to participate

and/or which results in illness or death while attending any Skills Competence 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 or Skills Canada Yukon activities and acknowledge my responsibility to disclose any medical conditions that could compromise my safety or the safety of others while I attend or participate in the Yukon Territorial Skills Competition or Skills Canada Yukon Activities.

I/WE do voluntarily authorize Skills Competences Canada and all of its provincial and territorial

members to obtain emergency medical treatment and diagnostic procedure for the named person as deemed necessary in reasonable medical judgment.

I/WE agree to indemnify and hold harmless Skills 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 procedure 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 Competences Canada and all of its provincial and territorial members' activities may be send to other organization, 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 Competences Canada and all of its provincial and territorial

members activities becomes the property of Skills Competences Canada and all of its provincial and territorial members and may be used and reproduced by Skills Competences Canada and all of its provincial and territorial members in promotional materials and bulletins.

I/WE also understand that Skills Competences 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 Competences Canada and all of its provincial and territorial members' "Liability Release, Medical Acknowledgement and Realse of Information/Photo" 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.**

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**Date:**

**Signature of Participant**

**Signature of Guardian (If participant is under 19)**