PROVINCIAL COMPETITOR RELEASE FORM

Last Name	First Name	Date Of Birth
Home Address	City / Province	Postal Code
Home Phone		M.C.P. Number
Emergency Contact		Phone Number
Family Physician		Phone Number
School Name	Teacher	Phone Number

I am participating in this event as a:

- □ Competitor (under 18 years of age)
- □ Competitor (18 years of age or over)
- □ Apprentice (18 years of age or over)
- □ Student Observer / Participant
- □ Advisor (18 years of age or over)

Do you have any known allergies? Are you taking any medication? Do you have any physical restrictions? Do you have a history of: heart condition, diabetes, asthma, epilepsy, rheumatic fever, or other medical conditions? If yes, please list and explain.

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This form must be signed by a Parent or Guardian if the participant is under 18 years of age.

I understand that Skills Canada reserves the right to publish my name, work and any photos taken of me at the Provincial Skills Competition. I hereby release Skills Canada from liability for any injury to the named person occurring while participating in Skills Canada activities (including travel) excepting only such injury or damage resulting from willful acts of representatives or employees. I authorize Skills Canada to obtain routine or emergency diagnostic procedures and / or emergency medical treatment for the named person as deemed necessary by medical judgement. I agree to conduct myself in a manner best representing this student organization; including respecting public and private property, spending each night in the room I have been assigned, refrain from alcoholic beverages, and my conduct shall be exemplary at all times. I understand that if I do not abide by the above regulations, I may be sent home at my own expense and disallowed participation in the competitions.

_____ Competitor / Apprentice Signature	Required	_____ Date
_____ Parent or Guardian Signature	Required if competitor is under 18	_____ Date
_____ School/ Business Representative Signature	Required (Instructor, Principal) (or Business Liaison)	_____ Date

PRIVACY POLICY: Skills Canada Newfoundland and Labrador respects your privacy, protects your personal information and adheres to all legislative requirements regarding privacy. We do not sell, rent or trade our mailing lists. The general information you provide will be used to deliver services and keep you up to date on Skills Canada activities. If at any time you wish to be removed from these contact lists please phone 709.739.4172 and Skills Canada will gladly accommodate your request.