



## Regional Technological Skills Competition Competitor Registration Form



**Competition:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Competitor Information:**

Name of Competitor: \_\_\_\_\_ T-Shirt Size: S M L XL

Gender: Male Female Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Name of Team Members (if applicable): \_\_\_\_\_

Check if you are involved in: a related course Co-op OYAP SHSM

Permanent Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Teacher/Instructor: \_\_\_\_\_

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

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

**Medical Information:**

Provincial Health Card Number: \_\_\_\_\_ Date of Last Tetanus Shot (mm/dd/yyyy): \_\_\_\_\_

Do you have any existing medical conditions that could affect your ability to participate?

No Yes If yes, please explain: \_\_\_\_\_

Do you have any allergies? No Yes If yes, please list: \_\_\_\_\_

**Special Needs:**

Do you have any special needs (physical, language) that will require additional support at the contest site?

No Yes

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

**Remember:** After you print this form, please complete the Skills Educational Field Trip Parental Consent (UGDSB) or Regional Skills Permission Form (WCDSB) and fax both to OYAP (519-836-5758).

This information is collected under the legal authority of the Education Act and Co-operative Education and Other Forms of Experiential Learning Policies and Procedures Document. Users of this information will be teachers, community employers and the relevant support staff. This information will be used to ensure that the goals and objectives of School to Career courses are met. Inquiries should be directed to the School to Career Office, 500 Victoria Rd N., Guelph, ON, N1E 6K2, 519-766-9140, ext 1. A copy of this form will be retained for a minimum of 1 year following completion of the course.