



CBV Presents T.E.A.M. 2017 - October 21, 2017

"Together Everyone Achieves More"

Riverview High School: 57 Coxheath Rd. B1R 1R4

Registration on Saturday: 9:30am-10:00am Pick up: 5:00-5:30pm

Student Information		
First Name:	Last Name:	Gender:
Email:		Grade:
Phone (h):	Phone (c):	DOB (yyyy/mm/dd):
Home Address:		City:
Postal Code:	NSSSA Region: CAPE BRETON-VICTORIA	
Medical/Dietary Concerns: *Information will remain confidential*		

School Information	
School Name:	School Phone:
Principal's Name:	Principal's Email:

Parent/Guardian Information / Permission to Attend		
Name:	Signature:	Date Signed (yyyy/mm/dd):
Phone (h):	Phone (c):	
Email:		

Alternate Contact Information		
**An alternate contact that is <i>different</i> from your parent/guardian is <i>mandatory</i>		
Name:	Relation:	Phone:

Photo/Video, Email Consent, Assistance	
At this conference there will be representatives of the NSSSA documenting the event. I consent for pictures of myself being used by the NSSSA for promotional purposes only.	
Do you give consent for photos? (Please Circle) Yes No	If under the age of 18, P/G sign:
Do you consent to receiving emails about future NSSSA information and events?	Yes No
Do you/your child have a disability and require assistance or adaptation throughout the conference?	Yes No If yes, please also complete and send in the delegate assistant request form.

Advisor Information (Please have the advisor sign below)	
All schools must send a principal's designated advisor with their students to the conference. The advisor must be present at all times. The ratio is one advisor per twelve students (1:12) MAXIMUM.	
Name:	Signature:
Email:	Phone (c):

Form and payment of \$25 are

Due: Friday, October 13, 2017

No refunds will be issued from October 16th and onward

Give this form to your advisor accompanied by the payment in the form of cheque or money order **made payable to your school.**

Cash will not be accepted.

Parental Consent Form for Hypnosis Show

Dear parents or guardians,

At our Grade 9 Event, T.E.A.M. 2017, we will be having a hypnosis show put on by Jokers Wild Entertainment. We are giving our delegates the opportunity to volunteer and be a part of the hypnosis show that will take place; This show will be safe, fun, entertaining and done in good taste.

I/we (print name) _____, do hereby give permission to my/our child (print name) _____, to participate in the hypnosis show taking place on October 21st, 2017. I/we release the performer(s), staff, agents, and sponsoring organization, from all and any claims resulting from this engagement.

Student Name: _____ Date: _____

Student Signature: _____

Parent/Guardian Name(s): _____ Date: _____

Parent/Guardian Signature(s) : _____

Principal Name: _____ Date: _____

Principal Signature: _____

If you have any questions, you can contact either NSSSA Co-Premier at:

Nathan Penman
npenman13@gmail.com
[C] 902-317-5759

Matthew MacDonald
matthewmac04@gmail.com
[C] 902-322-2170