



**Nova Scotia Secondary Schools Students' Association  
Regional Conference  
Delegate Registration Form**

***P.L.E.D.G.E. '17***

***(Providing Leadership Everyday with Determination, Growth and Excellence)***

St. Francis Xavier University, Antigonish, Nova Scotia

9:00 AM on Saturday November 25<sup>th</sup>, 2017 – 12:00 PM on Sunday November 26<sup>th</sup>, 2017

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

School Name: \_\_\_\_\_ School Phone#: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth Date (YYYY/MM/DD): \_\_\_\_\_ Gender: \_\_\_\_\_ T-Shirt: (Pre-sold only) Size: S\_\_ M\_\_ L\_\_ XL\_\_

Email Address (parent or student) : \_\_\_\_\_

Dietary Concerns: \_\_\_\_\_ Medical Concerns: \_\_\_\_\_

**YOU MUST HAVE YOUR HEALTH CARD ON YOU AT CONFERENCE!!**

**Parent/Guardian Consent:** I agree to allow my child to attend the NSSSA Strait Regional Conference. I also give permission for qualified medical personnel to administer emergency assistance. Please indicate consent.

I give consent: Yes \_\_\_ No \_\_\_

**Photo Consent:** There will be representatives of the NSSSA at the Conference documenting the event for promotional purposes. Please indicate consent..Photo Consent: Yes: \_\_\_ No \_\_\_

I consent to receive emails such as memos, newsletters, and information regarding upcoming events from the NSSSA:  
Yes \_\_\_ No \_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Parent/Guardian Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**ROLE OF THE SCHOOL ADVISOR:** ALL schools **MUST** have a principal's designate (advisor) at the event. This may be a teacher, parent, or other adult selected by the principal, a ratio of at least one advisor for every 12 students. **Please have that designate sign below.** In the event that a principal's designate cannot be found, please contact the **Regional Advisor**, Dawn Thompson by email [dawn.thompson@srsb.ca](mailto:dawn.thompson@srsb.ca)

Advisor's Name (printed): \_\_\_\_\_ Advisor's Phone #: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Name: \_\_\_\_\_ Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Forms are due November 3<sup>rd</sup>, 2017 No refunds will be issued after November 18<sup>th</sup>, 2017**

- 1. Complete this form and address a cheque or money order payable to your school for \$75.**
- 2. Pass your form and payment into your principal/school advisor/school rep by November 3<sup>rd</sup>, 2017.**
- 3. Your school Advisor will mail the package of forms for all delegates with a school cheque payable to "NSSSA Strait Region" to Emma Jewkes at 111 Hawthorne St. Antigonish B2G 1A8. This package must be sent immediately on November 3<sup>rd</sup>, 2017 and received by November 7<sup>th</sup>, 2017.**

Any questions should be directed to the **Regional Co-Premiers:**  
Avery MacDonald: [averymacdon14@gmail.com](mailto:averymacdon14@gmail.com) or (902) 968-9372  
Sara Murrin: [sara.murrin@gmail.com](mailto:sara.murrin@gmail.com) or (902) 870-6028