



DELEGATE REGISTRATION FORM:

Sea The Change 2017

École secondaire de Par-en-Bas

11:00AM December 9th - 11:00AM December 10th

Please print the following information CLEARLY

| Student Information | | | |
|---|-----------------|--|---------------|
| Last Name: | First Name: | Sex: | |
| Preferred name: | Student e-mail: | Grade: | T-shirt Size: |
| Phone (h): | Phone (c): | DOB (yyyy/mm/dd): | |
| Home Address: | | | |
| Postal Code: | | City: | |
| Medical/Dietary Concerns: <i>*Information will remain confidential</i> | | Do you require a <i>delegate assistant</i> during the event? YES / NO | |
| *YOU MUST BRING YOUR HEALTH CARD TO THE EVENT* | | | |

*A ***delegate assistant*** is someone assigned to the delegate to help complete tasks that could be challenging to the delegate. A delegate assistant helps to assure that the delegate has little to no limitations regarding physical, mental, developmental, or intellectual disabilities.*

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

| Parent or Guardian Information / Permission to Attend | | |
|--|------------|---------------------------|
| <i>I agree to allow my child to attend the NSSSA Sou' West event. I also give permission for qualified medical personnel to administer emergency assistance.</i> | | |
| Name: | Signature: | Date Signed (yyyy/mm/dd): |
| Phone (h): | Phone (c): | |
| Email: | | |

| Alternate Contact Information | | |
|---|-----------|--------|
| <i>(An alternate contact that is different from your parent or guardian is mandatory)</i> | | |
| Name: | Relation: | Phone: |

| Photo and Video Consent | |
|--|-----------------------------------|
| <i>At this event 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.</i> | |
| Do you give consent? Yes No | If under the age of 18, P/G sign: |

Advisor Information

All schools must send a *Principal* designated advisor with their students to the event. The advisor must be present at all times. The group ratio of one advisor per twelve students **(1:12) MAXIMUM**.

Advisor must sign below.

In the event that a principal's designate cannot be found, please contact the Regional Advisor

Michelle Talbot: michelle.talbot@gnspe.ca

| | |
|--------|------------|
| Name: | Signature: |
| Email: | Phone (c): |

COMPLETED form and payment of \$75 (*includes t-shirt*) are due **November 20th, 2017!**

Please email a copy of your form to BOTH Co-Premier's by this date to ensure we receive your registration information on time.

T-Shirt order will be sent out **November 23rd, 2017**. This time will **not** be extended under any circumstances.

No refunds will be issued from **December 2nd, 2017** onward.

Event fee includes HST.

This form must be **given to your advisor or school office** and be accompanied by your **full** registration fee.

No postdated cheques please!

*Cheques **must** be made out to the NSSSA*

*Schools are to send ALL paper copies of the forms and monies in one envelope addressed to the Sou'West NSSSA at **107 King Street, Digby, Nova Scotia, B0V 1A0***

In the future if there was an N.S.S.A. event would you like us to contact you? Please circle.

YES / NO

You will receive a confirmation email along with information about the event.

Any questions? Please email the Regional Co-Premiers:

Amber Jelfs: amberkjelfs@gmail.com

Court Mahar: courtmmahar@gmail.com