



DELEGATE REGISTRATION FORM
IGNITE 2018
Digby Regional High School
December 1st-2nd 2018
 11:00AM December 1st- 11:00am December 2nd
PLEASE PRINT INFORMATION CLEARLY

First name: _____ Last name: _____
 Address: _____ City/town: _____
 Postal Code: _____
 Email Address: _____
 Phone Number (H): () _____ - _____ (C): () _____ - _____
 Date of Birth (YYYYMMDD) _____
 Gender: _____ Grade: _____ T-Shirt size (Sm,M,L,XL) _____
Medical/Dietary Concerns (Information will remain confidential)

YOU MUST BRING YOUR HEALTH CARD TO THE EVENT!!!!

Do you require a *Delegate Assistant** during the conference? **YES / NO**
 (*A Delegate Assistant is someone assigned 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.*)

Parent/Guardian name: _____
 Phone(H): () _____ - _____ (C): () _____ - _____
 Email: _____

Parent/Guardian Signature (*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*):

_____ Date Signed: _____

Alternative contact name (*An alternative contact that is different from your parent/guardian is mandatory*): _____

Relation: _____

Alternative number: () _____ - _____

School name: _____ School Phone: () _____ - _____

Principal's Name: _____ Principal's Email: _____

Role of the School Advisor:

All schools **MUST** have a principal's designate (advisor) at the event. This may be the role of a teacher, parent or another adult selected by the principal, in a ratio of one advisor for every twelve students.

Please have that advisor sign below.

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

Michelle Talbot: michelle.talbot@gnsps.ca

Advisor Name: _____ Phone(C): () _____ - _____

Advisor's Signature: _____ Date: _____

At the conference there will be representatives of the NSSSA documenting the event. I consent for pictures or videos of myself being used by the NSSSA for promotional purposes only.

YES / NO

If under the age of 18, P/G sign: _____

COMPLETED form and payment of \$75 (Including T-shirt) are due **Nov 20, 2018!!**

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

T-shirt order will be sent out Nov 21, **2018**. This time will **NOT** be extended under any circumstance.

NO REFUNDS will be issued from Nov 21 , **2018** 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 money 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:

Zoe Marshall: zoemarshall2001@gmail.com

Libby Graham: libbygraham001@gmail.com

