

# DSBN Technological Skills Competition

Competitor Information Collect Sheet (to assist in completing on-line registration)  
Please register at: [http://www.dsbns.org/TechEd/skills\\_register\\_skills\\_competition.php](http://www.dsbns.org/TechEd/skills_register_skills_competition.php)

School Level: Elementary

Competition Name:  4 - 6 Lego Robotics  
 7 & 8 Lego Robotics  7&8 Lego Mechanics  
 7 & 8 TechKnowledge Challenge  7&8 2D Animation

Competitor's Name: \_\_\_\_\_

Gender:  Male  Female

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

Name of School: \_\_\_\_\_

Full Name of Teacher: \_\_\_\_\_  
\_\_\_\_\_

Student's Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_, ONTARIO Postal Code: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Full Name of Emergency Contact: \_\_\_\_\_  
\_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Contact Phone (daytime): \_\_\_\_\_  
(evening): \_\_\_\_\_

T-Shirt size (adult sizes):  Small  Med  Lg  XL

- - - Medical Information - - -

MEDICAL INFORMATION IS ESSENTIAL IF ADVANCING IN THE CHALLENGES. If not already been provided in the online form, this information will become required at that time. Note that the on-line registration for the local preliminary competitions could be filled out to this point and still be validated.

Provincial Health Card #: \_\_\_\_\_ Year of Last Tetanus: \_\_\_\_\_

Do you have any medical conditions that would affect your ability to participate? Yes No  
If yes, please explain: \_\_\_\_\_

Do you have special needs that will require extra support at the contest? Yes No  
If yes, please explain: \_\_\_\_\_

Do you have any allergies or dietary restrictions (ie vegetarian): Yes No  
If yes, please explain: \_\_\_\_\_



CONSENT AND RELEASE



**To: District School Board of Niagara**

In accordance with the *Municipal Freedom of Information and Protection of Privacy Act* and under the authority of the *Education Act*, I/we hereby grant my consent to the use of promotional images or photographs being taken and published of my child:

\_\_\_\_\_   
Print Child's Name

\_\_\_\_\_   
Print School's Name

as part of the programs and/or advertising for District School Board of Niagara Technology Programs including, but not limited to: Specialist High Skills Major, DSBN Technological Skills Challenges, Technological Education, Ontario Youth Apprenticeship Program.

I hereby release the District School Board of Niagara, its agents, officials and employees, from any liability of claims whatsoever arising out of the use and publication of my son/daughter's photograph and name on the District School Board of Niagara Website, the District School Board of Niagara- Technology Website and facebook webpage, or the District School Board of Niagara- Ontario Youth Apprenticeship Program (OYAP) Website, promotional print material and audio/video productions.

\_\_\_\_\_  
Signature of Student  
(if over 18)

\_\_\_\_\_  
Print Name of Student

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Name of  
Parent/Guardian

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Name of  
Parent/Guardian

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date