SKILLBUILDER REGISTRATION FORM:
S.A.I.L. 2019
Acadia University
November 16-17, 2019
11:00am November 16th - 11:00am November 17th
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: _____
Medical/Dietary Concerns (Information will remain confidential)
_____
_____

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

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:_____
Principal's Phone (C): ( ) _____-_____
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.

* In the event that a principal's designate cannot be found, please contact the Regional Advisor. Amber Jelfs: amberkjelfs@gmail.com or Amy Oickle: amylynnoickle@gmail.com *

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: _____

Please complete the following questions:

1. How many conferences/events have you attended?

_____
_____
_____
_____

2. What skills do you think you could best contribute to skillbuilding?

_____
_____
_____
_____

3. If there were a situation where an individual doesn't feel comfortable how would you react?

_____
_____
_____
_____

4. Explain a situation where you had to be a leader, how well do you think you did?

_____

_____

_____

_____

5. How would you help the group identify and understand leadership?

_____

_____

_____

_____

6. What do you have that the other applicants to be a skill builder do not? Feel free to Elaborate.

_____

_____

_____

_____

If you have any questions feel free to contact your Regional Premier: Jayde Corkum
jaydecorkum4@gmail.com

COMPLETED form and payment of $30 are due November 9, 2019!!

Please email a copy of your form to your Premier by this date to ensure that we receive your registration information on time.

NO REFUNDS will be issued from **November 12, 2019** 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 **2312 Hwy 10, West Northfield, NS, B4V 5C5**

In the future, if there was an N.S.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 Premier:

Jayde Corkum: jaydecorkum4@gmail.com