Young Women's Conference
Flin Flon
Registration and Consent Form
November 18, 2026

Please register by Novemeber 4, 2026. Please send registration forms to emilyp@skillscanada.com

PARTICIPANT INFORMATION

I AM A: (CHECK ONE) STUDENT _____ CHAPERONE _____

First Name:	**Last Name:**
School:	**CHAPERONE'S NAME AND E-MAIL ADDRESS**

VOLUNTARY INFORMATION

INDIGENOUS ANCESTRY: (PLEASE CHECK ONE)					
REGISTERED/STATUS FIRST NATION		NON-STATUS FIRST NATION			
MÉTIS		INUIT			
ARE YOU AN IMMIGRANT TO CANADA?		YES		NO	
IF YES, WHAT IS YOUR COUNTRY OF ORIGIN?					

Can this participant appear in photographs? (Please check one)

Yes		**No**	

Complete this form to its entirety. Incomplete or illegible forms will not be processed.

CONDITIONS OF PARTICIPATION AND ATTENDANCE

Code of Conduct

Skills Canada Manitoba and all of its provincial and territorial members are dedicated to ensuring that everyone who attends in Skills Canada Manitoba activity has an enjoyable experience with maximum attention paid to safety and comfort. Therefore, the Skills organization has established a mandatory "Code of Conduct." I/We agree to follow this code of conduct at all times during the Skills activities.

1. My/Our conduct shall be exemplary at all times.
2. I/We will, at all times required, wear my identification badge/tag.
3. I/We will attend activities to which I am assigned and registered and will be on time.
4. I/We will adhere to the dress code and safety regulations at all times as required.
5. I/We will spend every moment in my assigned area.
6. I/We will respect all public and private property.
7. I/We will refrain from the use of alcoholic beverages and drugs (except prescribed medication).

PLEASE READ AND SIGN THE REVERSE

Skills Compétences Canada Manitoba

CONDITIONS OF PARTICIPATION AND ATTENDANCE (Con't)

The participant acknowledges that their chaperone is responsible for the participant from the participant's departure point until the return of the participant to their original point of departure. It should be noted that your assignment is voluntary and, as such, you agree to abide by the official Skills Canada Manitoba and all of its provincial and territorial members' "Rules and Regulations" and "Conditions of Participation" or forfeit your personal rights to attend and participate in the Young Women's Conference. Violators may be sent home at their own expense. Proper notification of the violation and action taken will be sent to the organization responsible for the participant. In addition, the participant shall be responsible for any costs incurred by the Young Women's Conference on behalf of the participant.

Liability Release
I/We hereby agree to release Skills Canada Manitoba and all of its provincial and territorial members, its representatives, agents, servants and employees from liability for any injury to the named person, resulting from any cause whatsoever occurring to the named person at any time while attending any Skills Canada Manitoba events and all of its provincial and territorial members activities, including travel to and from these activities. I/We hereby confirm that I am responsible for my health and that I acknowledge my/our responsibility to ensure that I/we protect myself/our child from any allergies (food or otherwise) or health concerns which may affect my/their ability to participate in Skills Canada Manitoba events. I/We hereby agree to release Skills Canada Manitoba and all of its provincial and territorial members, its representatives, agents, servants and employees from liability resulting from medical conditions, including medications, allergies, disabilities and the like which may affect my ability to participate and/or which results in illness or death while attending any Skills Canada Manitoba and all of its provincial and territorial members activities, including travel to and from these activities.

Medical Acknowledgement
I/We hereby acknowledge that I am medically fit and I have no medical conditions that would interfere with my attendance at the Young Women's Conference and acknowledge my responsibility to disclose any medical condition that could compromise my safety or the safety of others while I attend or participate in the Young Women's Conference. I/We do voluntarily authorize Skills Canada Manitoba and all of its provincial and territorial members to obtain emergency medical treatment and diagnostic procedures for the named person as deemed necessary in reasonable medical judgment. I/We agree to indemnify and hold harmless Skills Canada Manitoba and all of its provincial and territorial members for any and all claims, demands, actions, rights of action, and/or judgments by or on behalf of the named person arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards.

Release of Information Name/Photos
I/We understand and agree that any information pertaining to my participation in Skills Canada Manitoba and all of its provincial and territorial members' activities may be sent to other organizations; i.e. media, schools, organizations, my local Member of Parliament and/or Member of the Provincial Parliament, etc. I/We agree that my name, still photographs and videotapes of me taken during the course of Skills Canada Manitoba and all of its provincial and territorial members' activities become the property of Skills Canada Manitoba and all of its provincial and territorial members and may be used and reproduced by Skills Canada Manitoba and all of its provincial and territorial members in promotional materials and bulletins. I/We also understand that Skills Canada Manitoba and all of its provincial and territorial members may communicate with me or with my parent or guardian if I am under the age of majority.

Having read and understood completely Skills Canada Manitoba and all of its provincial and territorial members' "Code of Conduct, Liability Release, Medical Acknowledgement, and Release of Information Name/Photos, and, by signing the Skills Canada Manitoba and all of its provincial and territorial members' Registration Form, I do hereby agree to follow the procedures and practices described.

_____
Date

_____
Signature of Participant

_____
Signature of Parent/Guardian (if participant is under the age of 18)

If participant has any allergies or dietary restrictions please list below.

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