

HIGH SCHOOL CHALLENGE DAY, NOVEMBER 27, 2009
FACULTY OF ENGINEERING ~ UNIVERSITY OF VICTORIA

REGISTRATION FORM

HIGH SCHOOL CHALLENGE DAY TAKES PLACE FROM 10:00AM UNTIL 3:00PM ON FRIDAY NOVEMBER 27, 2009 IN THE ENGINEERING AND COMPUTER SCIENCE BUILDING. BC HIGH SCHOOLS ARE INVITED TO SELECT A **THREE-PERSON** TEAM OF GRADE 11 AND 12 STUDENTS TO COMPETE.

STUDENTS WILL BE RESPONSIBLE FOR THEIR OWN TRAVEL TO AND FROM THE UVIC CAMPUS. FULL SUPERVISION WILL BE PROVIDED DURING THE EVENT. STUDENTS WILL BE PROVIDED WITH A PIZZA LUNCH; ALL OTHER MATERIALS WILL BE PROVIDED. THERE IS NO CHARGE FOR THIS EVENT.

WE RESERVE THE RIGHT TO LIMIT REGISTRATION. PLEASE NOTE THAT INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.

SCHOOL INFORMATION:

SCHOOL: _____ CONTACT PERSON: _____

MAILING ADDRESS: _____

CITY PROVINCE/TERRITORY POSTAL CODE

PHONE: _____ EMAIL ADDRESS: _____

HOW DID YOU HEAR ABOUT THIS EVENT? _____

PARTICIPANT #1 NAME: _____

PARTICIPANT #2 NAME: _____

PARTICIPANT #3 NAME: _____

PLEASE COMPLETE ALL PAGES OF THIS REGISTRATION FORM AND MAIL OR FAX IT TO:

HIGH SCHOOL CHALLENGE C/O EILEEN WALKER-MANNING
FACULTY OF ENGINEERING, UNIVERSITY OF VICTORIA
PO Box 3055, STN CSC
VICTORIA, BC V8W 3P6

FAX: (250)-721-8676

PHONE (250) 472-4205 EMAIL: SUCCEED@ENGR.UVIC.CA

URL: WWW.ENGR.UVIC.CA/CHALLENGE

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PARTICIPANT #1 INFORMATION:

NAME: _____ AGE: _____
FIRST NAME LAST NAME
EMAIL ADDRESS: _____ GRADE: _____ GENDER: _____
SCHOOL: _____

MEDICAL INFORMATION:

AS STUDENTS MAY BE PARTICIPATING WITHOUT THE PRESENCE OF A TEACHER/GUARDIAN, WE REQUIRE MEDICAL INFORMATION IN CASE OF EMERGENCY. ALL MEDICAL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL. IN ADDITION TO SPECIFICALLY REQUESTED INFO, PLEASE NOTE ANY MEDICAL ISSUES OR SPECIAL CONSIDERATIONS FOR THE PARTICIPANT.

BC HEALTH CARE # _____ FAMILY DOCTOR: _____
ALLERGIES: _____ DOCTOR'S PHONE: _____
NOTES: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____
FIRST NAME LAST NAME
RELATIONSHIP TO PARTICIPANT: _____
PHONE: HOME _____ WORK _____ CELLULAR _____
ARE THERE ANY CUSTODY RESTRICTIONS: No YES
PLEASE NOTE WHO WILL PICK UP PARTICIPANT:

A PARENT/LEGAL GUARDIAN OF THE PARTICIPANT MUST READ AND SIGN THE FOLLOWING.

MEDIA CONSENT

BY SIGNING THIS AGREEMENT, I HEREBY AGREE THE FACULTY OF ENGINEERING, UNIVERSITY OF VICTORIA, HAS RIGHTS TO USE THE PARTICIPANT'S NAME AND/OR LIKENESS IN PHOTOGRAPHS, VIDEOS OR OTHER REPRESENTATIONS REGARDING THEIR PARTICIPATION IN THE HIGH SCHOOL CHALLENGE DAY.

SPECIAL REQUIREMENTS

PLEASE ADVISE US IF THE PARTICIPANT HAS ANY SPECIAL REQUIREMENTS REGARDING HEALTH, DISABILITIES, DIET, ETC. OUR AIM IS TO BE AS INCLUSIVE AS POSSIBLE, HOWEVER, PLEASE NOTE THAT WE MAY NOT BE ABLE TO ACCOMMODATE ALL SPECIAL NEEDS.

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COMPUTER ACCESS

THE UNIVERSITY OF VICTORIA'S COMPUTER ACCESS IS DESIGNED FOR EDUCATIONAL PURPOSES ONLY. THE FACULTY OF ENGINEERING HAS TAKEN PRECAUTIONS TO RESTRICT ACCESS TO ALL CONTROVERSIAL MATERIALS AND I, THE UNDERSIGNED, WILL NOT HOLD THE UNIVERSITY OF VICTORIA RESPONSIBLE FOR MATERIAL ACQUIRED FROM THE NETWORK.

CANCELLATION POLICY

IF THE PARTICIPANT IS UNABLE TO ATTEND, WE ASK THAT YOU NOTIFY US IMMEDIATELY. YOU MAY REPLACE THE PARTICIPANT WITH ANOTHER STUDENT, PROVIDED THE REPLACING STUDENT SUBMITS A COMPLETED REGISTRATION FORM AND IS IN THE APPROPRIATE AGE GROUP.

BEHAVIOUR POLICY

THE UNIVERSITY OF VICTORIA HAS A ZERO-TOLERANCE POLICY FOR INAPPROPRIATE BEHAVIOUR. PLEASE VISIT [HTTP://WCS.CSC.UVIC.CA/DOCS/CLUB_POLICIES_FOR_PARENTS.PDF](http://wcs.csc.uvic.ca/docs/club_policies_for_parents.pdf) FOR FULL DETAILS. FURTHER, THE USE OF CELL PHONES, IPODS, MP3 PLAYERS OR ANY OTHER ELECTRONIC DEVICES THAT WOULD INTERFERE WITH THE CHALLENGE ARE NOT ALLOWED. I HEREBY STATE THAT I HAVE FULLY READ ALL POLICIES, UNDERSTAND, AND AGREE WITH THE ABOVE STATEMENTS.

MEDICAL CONSENT

IN CASE OF AN ACCIDENT OR ILLNESS, IF A PARENT OR GUARDIAN CANNOT BE REACHED, WE WILL TAKE THE PARTICIPANT TO THE EMERGENCY WARD OF THE NEAREST HOSPITAL.

INFORMED CONSENT

I AM AWARE OF THE ACTIVITIES AND RISKS ASSOCIATED WITH THIS TYPE OF PROGRAM AND HEREBY CONSENT TO MY/MY CHILD'S PARTICIPATION. I HEREBY STATE THAT I HAVE FULLY READ, UNDERSTAND AND AGREE WITH ALL POLICIES AND PROCEDURES.

NAME OF PARENT/GUARDIAN: _____ **DATE:** _____

SIGNATURE OF PARENT/GUARDIAN: _____

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PARTICIPANT #2 INFORMATION:

NAME: _____ AGE: _____
FIRST NAME LAST NAME
EMAIL ADDRESS: _____ GRADE: _____ GENDER: _____
SCHOOL: _____

MEDICAL INFORMATION:

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ALLERGIES: _____ DOCTOR'S PHONE: _____
NOTES: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____
FIRST NAME LAST NAME
RELATIONSHIP TO PARTICIPANT: _____
PHONE: HOME _____ WORK _____ CELLULAR _____
ARE THERE ANY CUSTODY RESTRICTIONS: No YES
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PARTICIPANT #3 INFORMATION:

NAME: _____ AGE: _____
FIRST NAME LAST NAME
EMAIL ADDRESS: _____ GRADE: _____ GENDER: _____
SCHOOL: _____

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