



# Jill of All Trades Registration Form



## STUDENT INFORMATION

First Name:

Last Name:

Preferred Name:

Date of Birth:

Mailing Address:

Province:

Postal code:

Shirt Size (XS-XXL):

Email:

Phone Number: ( )

## DIVERSITY / EQUITY / INCLUSION DECLARATION

|  |  |  |  |
|--|--|--|--|
|  | Aboriginal - First Nations, status, treaty, or registered Indian |  | Aboriginal - non-status, non-treaty, or non-registered Indian. |
|  | Métis  |  | Inuit  |
|  | Visible Minority   |  | Person with a Disability                                       |
|  | Resident of Saskatchewan's North (RSN) (NSAD)                    |  | I choose not to declare  |

## WORKSHOP PREFERENCES

Please choose your top preferred workshop in each category

|  | Construction                     |  | Transportation                           |  | Industrial                        |  | Engineering/Technology                        |
|--|----------------------------------|--|--|--|-----------------------------------|--|---|
|  | Electrician                      |  | Auto Body Technician                     |  | Sheet Metal                       |  | Chemical Technology                           |
|  | Refrigeration & Air Conditioning |  | Automotive Service Technician (Mechanic) |  | Industrial Mechanics (Millwright) |  | Design & Manufacturing Engineering Technology |
|  | Plumbing / Pipefitting           |  | Agriculture Equipment Technician         |  | Machinist                         |  | Mining Engineering Technology                 |
|  | Bricklayer                       |  | HETT (Heavy Duty Mechanic)               |  | Fabricator-Welder                 |  | BioScience Technology                         |
|  | Carpentry                        |  |  |  |                                   |  | Power Engineering                             |
|  |                                  |  |  |  |                                   |  | Electronic Systems Engineering Technology     |
|  |                                  |  |  |  |                                   |  | Mechanical Engineering Technology             |
|  |                                  |  |  |  |                                   |  | Veterinary Technology                         |

Please note: We will do our best to organize students into a group with at least one of their top workshop preferences.



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### EMERGENCY CONTACT INFORMATION

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Relationship with Student: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_

### VIDEO / PHOTO CONSENT

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I have read and understood this statement and have given this consent voluntarily.

|                          |                      |                          |                                 |
|--------------------------|----------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | Yes - I give consent | <input type="checkbox"/> | No - Please do not use my photo |
|--------------------------|----------------------|--------------------------|---------------------------------|

Parent/Guardian Signature: \_\_\_\_\_