

2024 Regional Teacher Worksheet to enter
Teams of 2-4 Secondary competitors to the Skills BC website.
Please recycle (throw this away) after registration is done.

Teacher email address _____ School Name _____

Attendee 1 = Team 1

QTY=Quantity of teams you wish to enter

1. First and last name _____

Parent email _____

BC Personal Education number (9 digits) _____

Date of Birth _____

A School District waiver covers all risks associated with this event and allows photos and videos of the competitor to be used. Yes/No

The Skills BC Regional release (available online and by email) will be sent to the parent/guardian, signed and submitted.

Adult t-shirt size _____

2. First and last name _____

Parent email _____

BC Personal Education number (9 digits) _____

Date of Birth _____

A School District waiver covers all risks associated with this event and allows photos and videos of the competitor to be used. Yes/No

The Skills BC Regional release (available online and by email) will be sent to the parent/guardian, signed and submitted.

Adult t-shirt size _____

3. First and last name _____

Parent email _____

BC Personal Education number (9 digits) _____

Date of Birth _____

A School District waiver covers all risks associated with this event and allows photos and videos of the competitor to be used. Yes/No

The Skills BC Regional release (available online and by email) will be sent to the parent/guardian, signed and submitted.

Adult t-shirt size _____

4. First and last name _____

Parent email _____

BC Personal Education number (9 digits) _____

Date of Birth _____

A School District waiver covers all risks associated with this event and allows photos and videos of the competitor to be used. Yes/No

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