

TRI-CITY BRANCH POPSICLE STICK BRIDGE COMPETITION

REGISTRATION AND CONSENT FORM

Judging/Competition Date: Saturday, April 7, 2018

- 1. A non-refundable \$5.00 registration fee for each bridge entry, whether individual or team, must be submitted with this Registration and Consent Form.
- 2. Maximum of four members in a team.
- 3. Frequently Asked Questions, full competition rules and construction hints are available at egbc.ca/tc
- 4. For further information, please contact us by email tricitynegm@gmail.com
- 5. Each individual contestant, whether solo or team, must complete this form and have it signed by a parent or quardian before picking up the bridge kit.
- 6. **Submit registration form** at the following Tri-City Public libraries (Terry Fox, Coquitlam City Center, and Poirier).

PARENT CONSENT

To be allowed to participate, you must grant permission 1) for this child to participate in the Popsicle Stick Bridge Building Competition, 2) for this child to have his/her photo or video taken at the event, and 3) for any of those photos to be used for Engineers and Geoscientists BC and Douglas College informational materials including printed publications, web sites and social media. No names will be used. You, or a responsible adult, must be present at the competition site at all times, and are responsible for the safety and well-being of the child.

times, and are responsible for the sa	arety and well-being of the child	J.
I, the undersigned parent or legal gu consent my child to enter the Popsion responsibilities, and consent to havi	cle Stick Bridge Building Comp	etition, am aware of my
Parent/Guardian Signature	Date	

REGISTRATION FORM

Engineers and Geoscientists BC Tri-City Branch 2018 Popsicle Stick Bridge Building Competition (April 7, 2018)

Student Name (First, LAST)		
School		
Grade		
Team Entry	Please Circle One: <u>Individual</u> or <u>Team</u>	
	If Team, please include names of <i>other</i> team members:	
	1. 2. 3.	
Team Name (if applicable)		
Parent/Guardian Emergency Contact Information		
Parent Name (First, LAST)		
Email		
Phone Number		
Mailing Address		
Medical Alerts, Allergies (if any). Disabilities or special concerns we should be aware of.		
How did you hear about our competition?	Please Circle One: <u>School</u> / <u>Library</u> / <u>Word of Mouth</u> / <u>Previous Entry</u> / <u>Other</u> explain below	