

## 2024 National Craft Championships Competitor Registration Form (Sample)

Important Information

This form is only a sample and intended to help the training sponsor prepare answers for the online registration form. Registration will open on Dec. 1 and will close on Jan. 19, 2024. Please visit <a href="mailto:abc.org/ncc">abc.org/ncc</a>, under the registration tab, to access the Cvent portal.

As a reminder, both the competitor and instructor must read and agree to the terms of this form before it is submitted. Electrical competitors must indicate that they are aware of the electrical competition in which they are registered.

This form should be completed by a representative from the competitor's sponsor, defined as the chapter, member firm or chapter-approved training program sponsoring the competitor to attend the NCC. Be sure to accurately fill in the competitor's name and the competitor's employer so that we can properly recognize the competitor and his/her employer at the awards ceremony and in event publications.

If a competition's participation falls to only one competitor after the competitor registration deadline, the National Craft Championships (NCC) committee may have to cancel the specific craft's competition. In this case, the NCC Director would notify the competitor's sponsor immediately to reach a mutually agreed upon resolution, taking into consideration several factors, including the sponsor's financial investment up to that point.

Please register as soon as possible but no later than the deadline of Jan. 19, 2024. For more information, contact Jarrell Jackson, at (202) 595-1789 or <a href="macc@abc.org">ncc@abc.org</a>

\* Indicates required question

Example: January 7, 2019

| C  | ompentor information   |
|----|--|
| 1. | Competitor Name:   |
| 2. | Full name to be read on stage during the CIC Awards Ceremony |
| 3. | Chapter  |
| 4. | Home Address:  |
| 5. | City and State:  |
| б. | Email Address:   |
| 7. | Cell Phone:  |
| 8. | Date of Birth  |

| 9.         | Select a Competition:   |
|------------|---|
|            | Check all that apply.   |
|            | Carpentry: Residential-Commercial  Drywall                                  |
|            | Electrical: Residential-Commercial  |
|            | Electrical: Commercial-Industrial   |
|            | Fire Sprinkler  |
|            | HVAC Instrumentation Fitting  |
|            | Millwright/Industrial Maintenance Mechanic                                  |
|            | Pipefitting   |
|            | Plumbing  |
|            | Power Line Worker   |
|            | Sheet Metal Pipe Welding  |
|            | Structural Welding  |
|            | Team: Carpentry   |
|            | Team: Electrical  |
|            | Team: HVAC/Sheet Metal  |
|            | Team: Plumbing  |
|            |   |
| 10.        | Emergency Contact:  |
| 11.<br>12. | Competitors Photo Files submitted: Shirt Size*                              |
| 12.        | *Female competitors: please check if you prefer a mens or ladies size shirt |
|            |   |
|            | Check all that apply.   |
|            | S   |
|            | L   |
|            | XL  |
|            | XXL   |
|            | Men's   |
|            | Women's   |
|            |   |
| 13.        | Safety Glove Size *   |
|            | Mark only one oval.   |
|            | S   |
|            | M   |
|            |   |
|            | XL  |
|            | XXL   |
|            |   |
|            |   |
| 14.        | Total Years of Field Experience in the craft in which you are competing     |
|            |   |

|     | Training Level Currently in or # of Modules Completed   |
|-----|---|
|     | Mark only one oval.   |
|     | $\bigcirc$ 1  |
|     | 2   |
|     | 3   |
|     | 4   |
|     | 5   |
|     |   |
| 16. | Have you completed an apprenticeship or craft training program?   |
|     | If YES, please enter completion date:   |
|     |   |
|     |   |
| 17. | Has the competitor ever served in the U.S. armed forces?  |
|     | Mark only one oval.   |
|     |   |
|     | Yes   |
|     |   |
|     |   |
| 18. |   |
| 18. | Does the competitor have a medical condition that ABC National should have on file?  If yes, please enter below:  |
|     | Does the competitor have a medical condition that ABC National should have on file?  If yes, please enter below:  |
|     | Does the competitor have a medical condition that ABC National should have on file?  If yes, please enter below:  Education Level Completed   |
|     | Does the competitor have a medical condition that ABC National should have on file?  If yes, please enter below:  Education Level Completed  Mark only one oval.  |
|     | Does the competitor have a medical condition that ABC National should have on file?  If yes, please enter below:  Education Level Completed  Mark only one oval.  High School Diploma   |
|     | Does the competitor have a medical condition that ABC National should have on file?  If yes, please enter below:  Education Level Completed  Mark only one oval.  High School Diploma  GED  |
|     | Does the competitor have a medical condition that ABC National should have on file?  If yes, please enter below:  Education Level Completed  Mark only one oval.  High School Diploma  GED  Undergraduate Degree  |
| 19. | Does the competitor have a medical condition that ABC National should have on file?  If yes, please enter below:  Education Level Completed  Mark only one oval.  High School Diploma  GED  Undergraduate Degree  Graduate Degree or Higher   |
| 19. | Does the competitor have a medical condition that ABC National should have on file?  If yes, please enter below:  Education Level Completed  Mark only one oval.  High School Diploma  GED  Undergraduate Degree  Graduate Degree or Higher  N/A  Any Dietary Restrictions:   |
| 19. | Does the competitor have a medical condition that ABC National should have on file?  If yes, please enter below:  Education Level Completed  Mark only one oval.  High School Diploma  GED  Undergraduate Degree  Graduate Degree or Higher  N/A  Any Dietary Restrictions:  Mark only one oval.                    |
| 19. | Does the competitor have a medical condition that ABC National should have on file?  If yes, please enter below:  Education Level Completed  Mark only one oval.  High School Diploma  GED  Undergraduate Degree  Graduate Degree or Higher  N/A  Any Dietary Restrictions:  Mark only one oval.  Vegetarian        |
| 19. | Does the competitor have a medical condition that ABC National should have on file?  If yes, please enter below:  Education Level Completed  Mark only one oval.  High School Diploma  GED  Undergraduate Degree  Graduate Degree or Higher  N/A  Any Dietary Restrictions:  Mark only one oval.  Vegetarian  Vegan |
|     | Does the competitor have a medical condition that ABC National should have on file?  If yes, please enter below:  Education Level Completed  Mark only one oval.  High School Diploma  GED  Undergraduate Degree  Graduate Degree or Higher  N/A  Any Dietary Restrictions:  Mark only one oval.  Vegetarian        |

Inclusivity matters to us at ABC. Please indicate any special assistance or accommodation required during your conference experience by notifying Jarrell Jackson at ncc@abc.org by February 16, 2024.

Skip to question 21

Sponsor Information

Sponsor Company (provide full formal company name as it to be printed in promotional materials and program):

| 21. | Sponsor Contact Name:  |   |
|-----|--|---|
| 22. | Sponsor Contact Email:   |   |
| 23. | Sponsor Cell Phone Number:   |   |
| 24. | Sponsor Address  |   |
| 25. | City / State / Zip   |   |
| En  | nployer Information  |   |
| Pl  | ease disregard this information if it differs from the previous sponsors' page.  |   |
| 26. | Employer Company Name (Provide full formal company name as it is   | to be printed in promotional materials and program):                        |
| 27. | Employer Contact Name  |   |
| 28. | Employer Phone Number  |   |
| 29. | Employer Contact Email   |   |
| То  | ol Certification   |   |
|     | ease check the box below if the instructor agrees that the information above is<br>fe use and proper care of hand and power tools. | s accurate and that this competitor has received instructions regarding the |
| 30. | Instructor Name & School   |   |
|     | potrical Competition Acknowledgment. For Electrical Competitors Only   |   |

Electrical Competition Acknowledgment- For Electrical Competitors Only

Please note: I understand that by selecting a box above, I must remain in this particular electrical competition throughout the ABC 2024 National Craft Championships.

| 31.                 | I am aware that I registered for the following electrical competition (check one below):   |
|---------------------|--|
|                     | Check all that apply.  |
|                     | Electrical: Residential-Commercial Electrical: Commercial-Industrial   |
| S                   | tatement of Experience   |
| П                   | nereby swear and affirm that:  |
|                     | I am currently, or have been, actively enrolled and sponsored by an ABC chapter, ABC member firm (in-house) or ABC "chapter-approved" training consor program within nine months prior to the National Craft Championships.  |
| h                   | I have not been certified as a journeyman more than six months prior to the date of the National Craft Championships. A journeyman is defined as 1) olding a license from any state, city, county or municipality; or 2) holding a U.S. Department of Labor journeyman's credentials; or 3) being compensated is a journeyman.   |
| 3.                  | I possess no more than six years total experience in the competition being entered (not including secondary school programs).  |
| 4.                  | I did not compete within the same competition in any previous ABC National Craft Championships (formerly ABC Craft Olympics).  |
| re                  | o verify the extent of work experience, I authorize my current and previous employer(s) to provide any and all work experience information that may be equested by ABC National. I acknowledge that should any of the items above be verified and found to be inaccurate statements, I will be disqualified om the ABC National Craft Championships and any and all winnings I am eligible to receive will be forfeited.   |
|                     | uidebook Acknowledgment: nave read and understand the rules provided in this guidebook and agree to abide by these rules during the 2024 ABC National Craft Championships.   |
| F(<br>C<br>o)<br>ki | elease of Claims:  OR AND IN CONSIDERATION of Associated Builders and Contractors (ABC) acceptance of my application to attend and participate in the ABC National raft Championships and other consideration, I, being of lawful age, release and forever discharge ABC and its sponsors, agents and employees (whether not presently employed) from all liability, cause of action, claims or demands for damages or costs, on account of, or in any way growing out of, all nown and unknown personal injuries and property damages resulting in the future from my attendance at, and participation in the ABC National Craft hampionships. I also hereby give ABC permission to use my photo taken at the competition at ABC's discretion for media purposes. |
| 32.                 | By checking this box, I agree that I have carefully read and understand the Statement of Eligibility, Guidebook Acknowledgment, and Release of Claims.   |
|                     | Check all that apply.  |
|                     | ☐ I Agree  |
| A                   | dditional Information  |
| war<br>the          | NCC is really about one thing the competitors! You've worked hard, perfected your skills, it's time to show the world what you can do. We not to help celebrate the NCC by making your story an important part of the event. Real life stories from people like you help paint the picture of opportunities the skilled crafts presents. All competitor stories will be posted to the NCC website and at the ABC booth for people to read and are their support for the work you do.   |
| 33.                 | Why did you choose to pursue a career in construction and specifically your craft?   |
|                     |  |
|                     |  |
|                     |  |
|                     |  |

| 34. | what advice would you give to others who are considering a craft as a career?                                    |
|-----|--|
|     |  |
|     |  |
|     |  |
|     |  |
| 35. | Did you attend one of the following apprenticeship programs or craft training programs?                          |
|     | Mark only one oval.  |
|     | Federal or state registered program  |
|     | Industry recognized program (Non-registered apprenticeship program)  |
|     | Other:   |
|     |  |
| 36. | Would the competitor be interested in doing an on-camera interview at the event for future promotional purposes? |
|     | Mark only one oval.  |
|     | Yes  |
|     | ○ No   |
|     |  |
| 37. | Would the competitor be interested in doing an interview with the media?   |
|     | Mark only one oval.  |
|     | Yes  |
|     | ○ No   |
|     |  |
| 38. | What goals and dreams would you like to accomplish in your future in the workforce?                              |
| 50. | What goals and dreams would you like to accomplish in your radire in the worklorde:                              |
|     |  |
|     |  |
|     |  |
|     |  |
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|     |  |
|     |  |