



OFSAA INTERPROVINCIAL OR U.S. SANCTION FORM

FOR SCHOOLS ATTENDING ANY SANCTIONED INTERPROVINCIAL/U.S. EVENT (NFHS OR STATE SANCTIONED)

To Be Submitted to the OFSAA Office 30 Days Prior to the Date of the Event

Please complete FULLY and PRINT clearly

Contact Information:

School: _____ City: _____

School Phone: () _____ Fax: () _____

Event Information: Event: _____

Sport: _____ Other (specify) _____

Date(s) of Event: _____ Location: _____

Event Convenor: _____

Contact #: Phone: () _____ E-mail _____

Supervision Information:

Teacher-coach(es) from your school accompanying team:

Name(s) _____

Phone #: () _____ Phone #: () _____

E-mail: _____ E-mail: _____

If other than teacher-coach from your school please indicate name and school of designated supervisor: ***must be a teacher (For individual events only: For team sports a teacher/retired teacher from the competing school must accompany the team)**

Name _____ School _____

Phone #:() _____ E-mail: _____

Chaperone, if teacher is of different sex to athletes: _____

This is to certify that all student-athletes representing our school at the above event are duly-registered in this Association of OFSAA, and are eligible under all the Rules and Regulations of our Association and those of OFSAA. A teacher from the same school, a retired teacher, or a teacher from another school, as approved by the principal of the school, must accompany and be responsible for the behaviour of his/her team members for the duration of the event. If a teacher is not of the same sex as the student-athletes, and where students are required or might be required to stay overnight, a supervisory adult of the same sex as the students, and as approved by the principal of the school, must be present and available at the accommodation site for the duration of their stay. Students entering this event must have participated as a member of a 'bona fide school program' during the current season under the supervision of a teacher-coach in order to be eligible. All student-athletes will compete in their school uniforms.

Principal's Signature _____

Principal Print Name (Mr/Mrs. Ms.) _____

Signature(s) of Designated Supervisor(s) _____

Date _____

FAX TO: 416-426-7317