

## OFSAA 2016 Track & Field Championship Eligibility List

Association: \_\_\_\_\_ School: \_\_\_\_\_ Phone #: \_\_\_\_\_

Coach's Name: (Print) \_\_\_\_\_ Home #: \_\_\_\_\_

**List of Competitors: (Please print or type and give both names of each competitor.)**

	Given & Surname	Year of Birth	Grade
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

The following section must be completed in accordance with the OFSAA Transfer Policy which appears on back.  
Have any of the students listed on the Eligibility List transferred schools in the past twelve (12) months? Yes \_\_\_\_\_ No \_\_\_\_\_

To have been included on the Eligibility List, such players must have been declared eligible. Please list these players below and fill in the required information.

Name of Transfer Student	Date of entry into present school	Under what category of Transfer Policy was eligibility granted? (a - f)	Was approval granted by Assoc. Appeal Board or OFSAA Board of Reference?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This is to certify that all competitors listed are duly registered in this Association of OFSAA and are eligible to participate in this year's Track & Field Championship under the Rules and Regulations of this Association and those of OFSAA, including the OFSAA Transfer Policy which appears on page two. **Note:** A teacher from the same school, or a retired teacher, 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 Championship. If the teacher is not of the same sex as the athletes, and where the athletes are required or might be required to stay overnight, a supervisory adult, as approved by the Principal of the school, of the same sex as the athletes, must be present and available at the accommodation site for the duration of their stay in the accommodation.

_____ Teacher Responsible for Team	_____ Teacher Responsible for Individual	_____ Coach
_____ Designated Adult (Individuals)	_____ Same Gender Adult (if necessary)	_____ School Principal