

# EOSSAA CHAMPIONSHIP REGISTRATION FORM CURLING

School: \_\_\_\_\_ Association: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ FAX: \_\_\_\_\_  
 Teacher Rep: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Coach (if different from above): \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Manager: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Uniform Colours: Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ Predominant Colour: \_\_\_\_\_  
 Alternate Uniform (please note all teams **MUST** have an extra set): \_\_\_\_\_  
 Team Name: \_\_\_\_\_

Student-Athlete Information Note: *all students must have their health card with them at all times:*

	Given & Surname	Age	Grade
<b>Skip</b>			
<b>Vice</b>			
<b>Second</b>			
<b>Lead</b>			
<b>Spare</b>			
<b>Manager(s)</b>			

*Attach additional page if necessary \*\*Page 2 must be completed\*\**

This is to certify that all student-athletes listed above are duly registered in this Association of EOSSAA and are **eligible (teams that have ineligible players will be referred to the Competitions Committee and will be disciplined)** to participate in this year's **EOSSAA Curling Championship** under the Rules and Regulations of this Association and those of EOSSAA, including the OFSAA Transfer Policy. **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 student-athletes, and where the students 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 students, must be present and available at the accommodation site for the duration of their stay in the accommodation".

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Name of Teacher

Name of Supervisory Adult (may be the same)

Before acceptance, this form must be signed by the following people. We certify that all students herein listed are eligible according to **all** of OFSAA's By-Laws and Standing Rules. All schools entering this EOSSAA Championship shall, by signature of its school principal on this Entry Form, acknowledge responsibility for making restitution for damage resulting from misconduct by his/per participants.

Any student-athlete participating in an EOSSAA Championship or an EOSSAA qualifying event must have participated as a member of a bona fide high school program during the current season under the supervision of a teacher-coach as certified by the school principal. In addition, I consent to the collection, use and disclosure of my personal information for the organization of this year's **EOSSAA Curling Championship**.

Name: \_\_\_\_\_  
(1) Principal (2) Coach (3) Association Convenor or Representative

Signature: \_\_\_\_\_  
(1) Principal (2) Coach (3) Association Convenor or Representative

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