

**OFSAA 2010 TRACK & FIELD CHAMPIONSHIPS
ELIGIBILITY LIST**

Association _____ School _____ Phone # _____

Coach's Name: (Print) _____ Home Number # _____

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 the back.
Have any of the students listed on the Eligibility List transferred schools in the last 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 Transferred 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 Championships 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

Signature

Designated Adult (Individuals)

Same Gender Adult (if necessary)

Signature of School Principal

This Eligibility Form must be available for your Associations' convenor to submit with the OFSAA