

OFSAA

PARA X-C REGISTRATION FORM

PLEASE NOTE: ATHLETES MUST BE REGISTERED USING ON-LINE REGISTRATION

PLEASE NOTE: THIS FORM MUST BE COMPLETED AND INCLUDED IN THE OFSAA PACKAGE

Last Name: _____ First Name: _____

School Attending: _____ Association: _____

Grade: _____ Gender: _____ Coaches Name: _____

Contact # (School): _____ Contact # (mobile – race day): _____

Disability category: Please Check the correct Para division for the athlete.

Division	Check	Brief Description
ID (intellectual Disability)		Athletes with an IQ of 75 or less
VI (Visually Impaired)		Athletes with significant visual impairment
Amb. (Ambulatory)		Athletes who can compete standing up AND have <ul style="list-style-type: none">- CP, brain injuries, NM disorders- Loss or limited use of lower limbs- Loss or limited use of upper limbs- Dwarfism

Support required at OFSAA (a guide must be supplied by home school): _____ (Y/N)

Number of practices attended (same mandatory as able bodied athletes): _____ (#)

Please note: If your Regional Championship hosts a Para Division race, the expectation is that your Para athlete(s) compete in it. If they choose to compete in an age division race at regionals BUT wish to compete in the Para Division at OFSAA, it's the responsibility of the coach to ensure that the association is aware of this so that the athlete is entered into the Para race for OFSAA. Please submit this form with your OFSAA paperwork.

Best time for 3km run: _____ **Please note: for safety and logistical purposes, athletes need to be at (or near) the 21 minute standard for this distance.**

Coaches Signature:

Date:
