OFSAA 2019 WRESTLING CHAMPIONSHIP 

ELIGIBILTY FORM

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

Coach's Name: (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*please put an “S” for staff coach and “C” for community coach beside each coach’s name

Contact phone number during competition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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 \_\_\_

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

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 Association Appeal Board of 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 Wrestling 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 Date