

OFSAA Nordic Skiing Championship Practice Eligibility Form

School: _____ Association: _____

	Athlete Name	Practices/Competitions Attended				Races Attended		
		Nov Total	Dec Total	Jan Total	Feb Total	Race 1 Date	Race 2 Date	Association Champ. Date
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I certify that the listed athletes were a part of our school's *bona fide* Nordic Ski team, and that they attended the high school team practices listed above while supervised by the teacher-coach assigned by our school's Principal.

I also certify that the listed athletes competed at the races listed above as a representative of our school's *bona fide* Nordic Ski team, and did not represent any other Nordic team or program.

Date
Signature of Teacher-Coach
Signature of School Principal