



**OFSAA INTERPROVINCIAL OR U.S. SANCTION FORM**

**FOR SCHOOLS ATTENDING ANY SANCTIONED INTERPROVINCIAL/U.S. EVENT  
(NFHS OR STATE SANCTIONED)**

**To Be Submitted to the OFSAA Office 30 Days Prior to the Date of the Event**

**Please complete FULLY and PRINT clearly**

**Contact Information:**

School: \_\_\_\_\_ City: \_\_\_\_\_

School Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**Event Information:** Event: \_\_\_\_\_

Sport: \_\_\_\_\_ Other (specify) \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Location: \_\_\_\_\_

Event Convenor: \_\_\_\_\_

Contact #: Phone: ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

**Supervision Information:**

Teacher-coach(es) from your school accompanying team:

Name(s) \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

If other than teacher-coach from your school please indicate name and school of designated supervisor: **\*must be a teacher (For individual events only: For team sports a teacher/retired teacher from the competing school must accompany the team)**

Name \_\_\_\_\_ School \_\_\_\_\_

Phone #:( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Chaperone, if teacher is of different sex to athletes: \_\_\_\_\_

*This is to certify that all student-athletes representing our school at the above event are duly-registered in this Association of OFSAA, and are eligible under all the Rules and Regulations of our Association and those of OFSAA. A teacher from the same school, a retired teacher, or a teacher from another school, 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 event. If a teacher is not of the same sex as the student-athletes, and where students are required or might be required to stay overnight, a supervisory adult of the same sex as the students, and as approved by the principal of the school, must be present and available at the accommodation site for the duration of their stay. Students entering this event must have participated as a member of a 'bona fide school program' during the current season under the supervision of a teacher-coach in order to be eligible. All student-athletes will compete in their school uniforms.*

Principal's Signature \_\_\_\_\_

Principal Print Name (Mr/Mrs. Ms.) \_\_\_\_\_

Signature(s) of Designated Supervisor(s) \_\_\_\_\_

Date \_\_\_\_\_

**FAX TO: 416-426-7317**