

LEGION ATHLETICS EVENT DECLARATION



(Please print)

AGE AS OF DECEMBER 31, 2015				GENDER		
Nan	ne			Birth D)ate*	
Mailing				AC#		
Address		Club				
Postal Code				Coach	's Name	
Phone #				Coach	's Phone #	
Email				Parent	's Email	
* Proof of age required with this form. (Copy of birth certificate) *						
In the space below list your best performance at an AC/USATF/IAAF sanctioned outdoor competition for which you participated as 2015 AC member in up to three events you would like to be considered for selection and wish to participate in at the 2015 Canadia Legion Championships. Please list events in order of preference for selection.						
		Event	Age Division	2015 Best Performance		Meet/ Date / Location
1.						
2.						
3.						
ATHLETE DISCIPLINE AGREEMENT						
As a member of the team you will represent Nova Scotia / Nunavut Command of the Royal Canadian Legion. It is imperative that yo conduct yourself at all times in a manner that reflects a positive image as you will be an ambassador for Nova Scotia and Nunavut.						
Athletes representing Nova Scotia / Nunavut Command shall:						
 Not use, or have in their possession, alcohol or tobacco in any form at any time; Not use, or have in their possession, any illegal drug or substance in any form at any time; Not cause damage to property (any damage will be assessed to the account of the athlete and parent/guardian); Not show lack of respect for team staff, meet organizers, meet officials or fellow athletes; Adhere to curfews established by the team leaders or other officials; 						
The foregoing is considered serious offences and not adhering to these rules may result in any or all of the following penalties:						
 Temporary suspension from the Permanent suspension from the Immediate return to your place of residence at your own expense. Team; Immediate return to your place of residence at your own expense. 					<mark>am;</mark>	g do you want to use?
		ine Agreement naving read and agree to th	ne above rules	of conduct.		
Signature of Participant:					Date:	
Print Name of Participant:						
Signature of Parent/Guardian:					_ Date:	
*** Important ***						

It is requested that all athletes provide the completed form to the Head Team Chaperone by Monday July 6th, 2015. For further information see item # 3 under "Individual Athlete Selection Process" in the "General Information" document.

At the very latest this form must be given to the Nova Scotia / Nunavut Command Legion representative before the conclusion of the Legion Provincial Championships as late submissions will not be accepted.