

OFSAA Cross Country (V2025)

PARA X-C REGISTRATION FORM

PLEASE NOTE: PARA athletes are to be entered by the Association Convenor

PLEASE NOTE: Schools MUST COMPLETE & UPLOAD THIS FORM TO THE HUB (BRING A HARD COPY TO OFSAA)

Last Name: _____ First Name: _____

School Attending: _____ Association: _____

Grade: _____ Gender: _____ Coaches Name: _____

Coaches Contact # (mobile – race day): (_____) _____ - _____

Para category: Please check the correct Para division for the athlete.

Division	Check	Brief Description
I.I. (intellectual Impairment)		Athletes with Cognitive Impairment that influences athletic performance
V.I. (Visually Impaired)		Athletes' visual impairment that influences athletic performance
Amb. (Ambulatory)		Athletes who compete standing up. This includes athletes with amputations and/or limb deficiencies, as well as athletes with cerebral palsy, acquired brain injuries and /or neurological disorders.

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

Name of Guide: _____

Please note: If your Association hosts a Para Division race, your Para athlete(s) are expected to compete.

Suppose they choose to compete in an age division race at their Association meet but wish to compete in the Para Division at OFSAA. In that case, 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 note: athletes must be able to complete the 4km race within a 45-minute standard for this distance, for safety and logistical purposes.

Coach's Signature

Date