



ONTARIO FEDERATION OF SCHOOL ATHLETIC ASSOCIATIONS
FÉDÉRATION DES ASSOCIATIONS DU SPORT SCOLAIRE DE L'ONTARIO

OFSAA SUPERVISION FORM

- | | | |
|--|--|--|
| <input type="checkbox"/> Alpine Skiing | <input type="checkbox"/> Nordic Skiing | <input type="checkbox"/> Track and Field |
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Snowboarding | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Swimming | |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Tennis | |

The _____ (Year) OFSAA _____ (Sport) Championship is being conducted from _____ to _____. (Date)

According to OFSAA Regulations, the following supervision requirements must be followed:

(a) For **INDIVIDUALS** - the school's principal may designate an adult who is not a teacher to accompany the athletes. In addition, a teacher, or a retired teacher, must be present, on-site, and designated by the principal to be responsible for the athlete(s). This may be a teacher from another school, within the same Association, willing to assume this responsibility. A maximum of six (6) students from different schools may be supervised by the same designated teacher-coach in addition to the athletes from the teacher/coaches' school.

(b) Where the teacher, as indicated in (a) above, is not of the same sex as the athlete(s), and where the athletes(s) 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 athlete(s), must be present and available at the accommodation site for the duration of their stay in the accommodation. This may be a parent.

Should any students qualify from our school for the OFSAA Championship the following designated teachers and adult supervisor(s) shall be **present** and **responsible** for those competitors for the duration of the Championship.

Name of School: _____

Association: _____

Designated Teacher Responsible for Individual Athlete(s)

School (if necessary)

Designated Teacher Responsible for Individual Athlete(s)

School (if necessary)

Designated Adult Responsible for Individual Athlete(s)

Designated Same-Sex Adult (if necessary)

Note: If the supervisor(s) listed above are not staff members of your school, please indicate beside the name, the school at which they do teach or their relationship to the competitors.

Signature of Principal: _____

Date: _____