

WOSSAA ELIGIBILITY FORM – PART 1

School: _____	Date: _____	Sport: _____	Division: _____
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- ☐ By checking this box, I, as Head Coach, certify that all student athletes and their parent/guardian (if student athlete is under 18 years of age) have reviewed their Board's concussion awareness resource and Concussion Code of Conduct within the previous twelve (12) months OR that the student athlete and their parent/guardian (if student athlete is under 18 years of age) have reviewed the OFSAA concussion awareness resource and OFSAA Concussion Code of Conduct within the previous twelve (12) months. I also certify that all coaches, team managers and trainers have reviewed their Board's concussion awareness resource and their Board's Concussion Code of Conduct within the previous twelve (12) months OR that they have reviewed the OFSAA concussion awareness resource and OFSAA Concussion Code of Conduct within the previous twelve (12) months.
- ☐ By checking this box, I, as Head Coach, certify that all participants have been made aware of WOSSAA Regulation 7 – Behavior at WOSSAA Championships.

Name (alphabetized by last name)	Age (as of Jan. 1 this year)	Grade (as of Sept. 1)	Birthdate (d-m-y)	School Attended (previous 12 months)
1.				
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23.				

Complete WOSSAA Eligibility Form - Part 2 for any athletes that did not attend your school last year and are not in Grade 9 this year.

Title	Printed Name	Signature
Head Coach		
Other a. Coaches b. Team Manager c. Trainers	1.	
	2.	
	3.	
	4.	
	5.	
AD		
Principal		