



ROYAL CANADIAN LEGION ONTARIO PROVINCIAL COMMAND

I, the undersigned, grant to The Royal Canadian Legion, Ontario Provincial Command permission to use images of me photographed at the 2018 District “D” Track and Field Championships for purposes of display, ceremonies, publication and digital representation and other purposes in relation to the promotion of The Royal Canadian Legion and/or the Legion Provincial Track and Field Championships. I also give consent for the free use of my name and/or picture in any broadcast, telecast or other account of the above event.

Name of Athlete (please print)

Signature of Athlete

Name of Parent/Guardian (please print)

Signature of Parent/Guardian

Athlete's Phone Number (please print)

Athlete's Email (please print)

District D – Royal Canadian Legion Track & Field
Provincial Meet Confirmation Forms –Athletes Age 17 & under and 15 & under Only
PLEASE READ CAREFULLY

In past years, the team has been selected that will represent District “D” at the Provincial Meet, athletes agreed to participate and then have cancelled at the “last minute”. By doing this, it has made it next to impossible to find a replacement in time. Also, it leaves our team short of participants and it affects the funding level. Therefore, we ask that you and your child read the following, then complete, sign it and forward with the regular consent forms for the District “D” meet. By advising us in advance of your intentions, it will make the selection of the team easier. **IF SELECTED TO THE TEAM, THE ATHLETE AGREES TO TRAVEL AND STAY WITH THE TEAM. ALSO AGREE TO REIMBURSE DISTRICT D THE COST OF ACCOMMODATIONS, IF YOU CANCEL AFTER AGREEING TO PARTICIPATE.**

Thank you for your cooperation,

Walter Vaughan, District D Track & Field Chairman

Athlete Name (please print)

Age group (please check) F15 ___ **F17** ___ **M15** ___ **M17** ___

Should I meet the Provincial standards (please check the applicable), I AGREE TO TRAVEL AND STAY WITH THE TEAM AND IF I CANCEL AFTER AGREEING TO PARTICIPATE – I WILL REIMBURSE DISTRICT D THE COST OF ACCOMMODATIONS.

YES, I WISH TO BE CONSIDERED: _____

NO, I DO NOT WISH TO BE CONSIDERED: _____

FOR SELECTION TO ATTEND THE PROVINCIAL MEET.

By agreeing to be considered, the athlete and their Parent/Guardian agree that **IF** the athlete cancels or does not attend the Provincial Meet, they will not be considered for future selection unless extraordinary circumstance dictate. The athlete and Parent/Guardian agree that the athlete will travel and stay with the team.

I have read and agree to the above in consideration of selection to attend the Provincial Meet to be held JULY 13TH and 14TH, 2018 IN ST. CATHARINES, ONTARIO AT BROCK UNIVERSITY. Note the team will be leaving on FRIDAY, JULY 13TH AND RETURNING ON SATURDAY, JULY 14TH, 2018 after the meet SATURDAY, JULY 14TH, 2018.

Athlete’s Signature _____ **Date** _____

Parent/Guardian’s Signature _____ **Date** _____

Athlete’s Email (please print) _____