

2014 LEGION TEAM APPLICATION

(Please print)

AGE AS OF DEC 31, 2014 _____

GENDER _____

NAME		BIRTH DATE*	
ADDRESS		Athletics NS#	
POSTAL CODE		CLUB	
TELEPHONE		COACH'S NAME	
EMAIL		COACH'S NUMBER	
Parents Email			

*** Proof of age and provincial healthcard required with this form (Birth Certificate, Passport, Government ID + Healthcard)**

In the space provided, on the page attached, list your best performance at an **Athletics NS sanctioned competition** for which you participated as a **2014 Athletics NS member** in up to three events you would like to be considered for selection and wish to participate in, at the 2014 Canadian Legion Championships.

(If performance was attained at an Athletics Canada sanctioned meet outside of Nova Scotia, **official results or web site link must be provided**)

- *In certain throwing and hurdle events the implement weights and hurdle heights used during NSSAF competition are different than those sanctioned by Athletics NS. Please be sure to indicate hurdle height and implement weight on event applications.
- **In order to use results from NSSAF provincials, you must have been a member of Athletics NS within 10 days of that event. If you were not a member at that time, you cannot use that result.**
- Athletes who wish to be considered for the legion team must complete or have their coach complete this form along with the Event Application, Medical and Discipline Agreement Forms. All forms must be passed into the appropriate representative no later than the end of the Selections Meet on July 6, 2014.
- The National Legion Championships and Athletic Camp will be held on August 13-18 in Langley, B.C.
- **You will be required to attend the Atlantic Championships held on July 5-6 at Metropolitan Field in Lower Sackville**

Uniform Information – Please indicate your appropriate sizes (samples will be available on July 5-6)

Singlet:	S	M	L	XL	Track Suit Jacket:	S	M	L	XL
Shorts:	S	M	L	XL	Track Suit Pants:	S	M	L	XL
T-Shirt:	S	M	L	XL	Golf Shirt:	S	M	L	XL

Declaration

I hereby declare that I have read and understand the 2014 Athletics NS Legion Team Selection Criteria and that all information provided is true and accurate.

Signature of Participant: _____ Date: _____

Signature of Parent / Guardian: _____ Date: _____

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Event Application #1

NAME	EVENT	2014 BEST PERFORMANCE	MEET/ DATE/ LOCATION

Event Application # 2

NAME	EVENT	2014 BEST PERFORMANCE	MEET/ DATE/ LOCATION

EVENT Application # 3

NAME	EVENT	2014 BEST PERFORMANCE	MEET/ DATE/ LOCATION

I wish to be considered for relays.

Athletics Nova Scotia

2014 Legion Team Confidential Medical Form

In order to respond to a medical concern or emergency as quickly as possible, it is required that this medical form be completed by the athlete or a parent of the athlete and attached to the 2014 Legion Team Application (a Doctors signature is not required). The following information will be held in the strictest confidence.

Health Information

Athletes Name:
Is the athlete in good general health? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the athlete fit and able to compete in track and field events, sometimes under strenuous conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain any special concern or condition of the athlete as it relates to the competing in track and field events.
Does the athlete have any special dietary needs? If yes, please explain.
Does the athlete have any allergies? If yes, indicate allergies and reactions.
Does the athlete take any medication? If yes, describe the medication, its purpose and how it is administered.

Emergency Contacts

Name of Emergency Contact:	Phone#:
Name of Alternate Emergency Contact:	Phone #:
Name of Athletes Physician:	Phone #:
Athletes Health Card #:	Expiry Date:

Declaration

I hereby declare that I am not aware of any medical illness or condition that would prevent my full participation in track and field events. I also hereby declare that I give permission for Athletics Nova Scotia's coaches and staff to seek medical attention for me, if deemed necessary, as a member of the 2014 Nova Scotia Legion Team.

Signature of Participant: _____ Date: _____

Signature of Parent / Guardian: _____ Date: _____

Athletics Nova Scotia - 2014 Legion Team Athlete Discipline Agreement

Rules of Conduct

As a member of the 2014 Legion Team you will represent Athletics NS and the NS Branch of the Royal Canadian Legion. It is imperative that you conduct yourself at all times in a manner that reflects a positive image. You will be an ambassador for Nova Scotia.

Athletes representing Nova Scotia shall:

1. Not use, or have in their possession, alcohol or tobacco in any form at any time;
2. Not use, or have in their possession, any illegal drug or substance in any form at any time;
3. Not cause damage to property (any damage will be assessed to the account of the athlete and parent/guardian);
4. Not show lack of respect for team staff, meet organizers, meet officials or fellow athletes;
5. Adhere to curfews established by the team leaders or other officials;

The foregoing are considered serious offences and not adhering to these rules may result in any of the following penalties:

- Temporary suspension from the Nova Scotia Team;
- Permanent suspension from the Nova Scotia Team;
- Immediate return to your place of residence at your own expense;
- Cancellation of membership in Athletics Nova Scotia

Athlete Discipline Agreement

I acknowledge having read and agree to the above rules of conduct and the **Rules & Regulations for Athletes** provided by the Royal Canadian Legion as related to the 2014 Legion National Track & Field Championships, Surrey, B.C.

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____