

**APPLICATION
REGIONAL MEMBERS OF OFSAA**

(To be completed and returned by June 10, 2011)

1. Name of Athletic Association: _____
2. Address: _____
3. Contact Name: _____ Title: _____
4. Website: _____ Email: _____
5. Number of Years in Operation: _____
6. Check all sports the association is involved in:

Alpine Skiing	<input type="checkbox"/>	Hockey	<input type="checkbox"/>
Badminton	<input type="checkbox"/>	Nordic Skiing	<input type="checkbox"/>
Baseball	<input type="checkbox"/>	Rugby	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	Snowboarding	<input type="checkbox"/>
Cross Country	<input type="checkbox"/>	Soccer	<input type="checkbox"/>
Curling	<input type="checkbox"/>	Swimming	<input type="checkbox"/>
Field Hockey	<input type="checkbox"/>	Tennis	<input type="checkbox"/>
Field Lacrosse	<input type="checkbox"/>	Track and Field	<input type="checkbox"/>
Football	<input type="checkbox"/>	Volleyball	<input type="checkbox"/>
Golf	<input type="checkbox"/>	Wrestling	<input type="checkbox"/>
Gymnastics	<input type="checkbox"/>	Other (please list):	_____
7. Please provide the following:
 - a. List of events with the approximate number of participants per event for the 2011-2012 season (i.e. league games, playoff games, meets or any other event that falls under the purview of your region).
 - b. Copy of the waiver/release forms used prior to participation in sport.
 - c. Copy of Constitution/By-Laws.
8. Is your Association involved in any fundraising? Yes No If yes, please provide details.
9. Does your Association operate any concessions at your events? Yes No If yes, please provide details of what product is sold.
- *10. If local associations (districts, zones, etc.) are operating within your region please have their representative complete the supplementary application provided.**
11. Have there been any claims in the past 5 years? Yes No If yes, please provide details.

Applicant Signature: _____

Title: _____

Date: _____