



ATHLETICS EVENT DECLARATION



(Please print)

AGE AS OF DECEMBER 31, 2017 _____

GENDER _____

Name		Birth Date*	
Mailing Address		ANB #	
		Club	
Postal Code		Coach's Name	
Phone #		Coach's Phone #	
Email		Parent's Email	

* Proof of age required with this form if not already on file at the ANB office (copy of birth certificate or Service NB ID) *

In the space below list your best performance in up to three events you would like to be considered for team selection and wish to participate in at the 2017 Canadian Legion Championships. The results listed must be from an ANB/AC/USATF/IAAF sanctioned **outdoor competition between April 1 and July 7, 2017**. Please list events in order of preference for team selection purposes.

	Event	Age Division	2017 Best Performance	Meet / Date / Location (Other than Legion Provincials)
1.				
2.				
3.				

ATHLETE DISCIPLINE AGREEMENT

As a member of the Legion Team you will represent New Brunswick Command of the Royal Canadian Legion and Athletics New Brunswick. It is imperative that you conduct yourself at all times in a manner that reflects a positive image as you will be an ambassador for New Brunswick.

Athletes representing New Brunswick 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 chaperones or other officials;

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

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

Athlete Discipline Agreement

I acknowledge having read and agree to the above rules of conduct.

Signature of Participant: _____ Date: _____

Print Name of Participant: _____

Signature of Parent/Guardian: _____ Date: _____

NOTE: If the PDF version of this form is emailed to the Legion Committee Chairman signatures are not required. However, if another format (JPEG, Word) is emailed, or if it is faxed or delivered in person, signatures are required.

*** Important ***

It is requested that all athletes provide the completed form to the Committee Chairman by Monday, May 29, 2017. For further information see item # 3 under "Individual Athlete Selection Process" in the "General Information" document. At the very latest this form must be given to the Legion representative before the conclusion of the Legion Provincial Championships as **late submissions will not be accepted**.