

The Royal Canadian Legion

presents

**District “G” Eastern Ontario
Legion Championships**

“Qualifier to the Ontario & National Legion Championships”

PLUS (OTFA Sanctioned)

Ottawa Olympic Prep Meet #3

Open Division 18+ Entry

**For Athletes (1989 and Older) preparing for the National Senior & National
Junior Championships**

hosted by The Ottawa Lions / Athletics - Athletisme

Saturday, June 28th

“The Terry Fox Athletic Facility ”

at Mooney's Bay Park , Ottawa (Riverside Drive & Hogsback Falls)

[www.ottawalions](http://www.ottawalions.com) for all meet information

**THIS MEET REQUIRES PRE-ENTRY
ALL ENTRY FORMS CAN BE FOUND ON LINE**

@ www.ottawalions.com

ENTRY DEADLINE

Wednesday, June 25th

HOW TO ENTER

ADVANCED ENTRY!! Entry Deadline is on Wednesday, June 25.

On the day of meet - the Registration will open 2 hours in advance.

Athletes **MUST CONFIRM** their entries, sign a “CONSENT FORM” and pick-up their **BIB NUMBER** prior to being allowed to compete.

CONFIRMATION of Entry must be done 1 hour **BEFORE** your event starts. There could be a line-up so come early!

1. **NO Entry Fees are charged for Legion age group athletes.**
\$10 Entry Fee per event for Open Age group athletes (1989 +)
Entry Fees are payable on the day of competition at Registration. Cheques or Cash or Credit Card - Made Payable to: Ottawa Lions Track & Field Club
2. Proper **SEED** Information must be supplied on the Entry Forms. If you do have a legal performance in the event do not make one up. Just leave this section blank.

Entry Forms:

- a. Click on the form for the correct age group and gender you wish to enter. Click on “OPEN” ... do not use “SAVE”. When the form opens then complete the all the details asked by typing in your information while on line.
- b. Once this form is completed .. Then go to the top left and click on File, then click on “Save As”. the file will already have a name ... just make sure you save it (all your entries) where you can find them in your computer (ie: in My Documents).
- c. Open another form if you have other age groups and repeat the above steps.
- d. Email the form(s) as an attachment to ottl@bellnet.ca. In the email “Subject Title” identify yourself or school or club.
- e. You will receive an email confirmation of your entries within ½ a day. Print this confirmation and bring it with you to the competition as your “proof of entry”. If you do not receive a confirmation email you must assume the entries were not received ... call us immediately.
- f. No telephone entries. No Faxed Entries. No snail mail No Substitutions

Entry Fees:

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2. Proper **SEED** Information must be supplied on the Entry Forms. If you do have a legal performance in the event do not make one up. Just leave this section blank.

**Email (ottl@bellnet.ca) / CALL (613-247-4886)
sooner than later if you are having problems
understanding the on-line process**

Legion Entry Information

1. **You are NOT required** to be a registered member of a track club or provincial association (Ontario Track & Field Association) to participate in this Legion Championship or in the Ontario Legion Championships. School programs are welcome.

You are REQUIRED to come to the Championship with a signed Medical Consent Form provided at the end of this document

2. This Championship will have 2 age group classifications:

15 Years & Under Birth Years 1993 or later * Ontario Championship Q ualifier

Technical Specifications:

Girls - Shot (3kg) Discus (1kg) Javelin (600gm) 80mH (30") 300mH (30")

Boys - Shot (4kg) Discus (1kg) Javelin (700gm) 100mH (36") 300mH (33")

* No Pole Vault (M&F) / Triple Jump (M&F) advances to Ontario Championship ONLY.

17 Years & Under Birth Years 1991 or 1992 * Ontario Championship Q ualifier

Technical Specification:

Girls - Shot (4kg) Discus (1kg) Jav (600gm) Ham (4kg) 100mH (30") 400mH (30")

Boys - Shot (5kg) Discus (1.5kg) Jav (700gm) Ham (5kg) 110mH (36") 400mH (33")

* Pole Vault for Boys and Girls

* 2000m Steeple Chase for Boys and Girls

Ontario Legion Championship Advancement.

* The Top finishers (1st & possible 2nd) in each event in each age group will generally qualify for entry to the Ontario Legion Championships (Kitchener - July 18 & 19). This will be confirmed by the Legion representative.

Age groups may be combined for track events when entry numbers are appropriate at the discretion of the Meet Director and then separated in the results.

The intent to enter to the Ontario Championships must be confirmed at this Championship. The Top 5 finishers must report to the Legion Table at the Registration Area to declare before leaving the meet.

Track Event Schedule

Track Event Order will be conducted as: G15U, B15U, G17U, B17U, OpenW, OpenM

2:00	2000m Steeple	All Divisions	5:30	300mH (30")	15U G
	80mH (30")	15U G		400mH (30")	17U G, Open W
	100mH (30")	17U G		300mH (33")	15U B
	100mH (33")	Open W		400mH (33")	17U B
	100mH (36")	15U B		400mH (36")	Open M
	110mH (36")	17U B		800m	All Div.
	110mH (39" & 42")	Open M		200m (Sections)	All Div.
	400m Timed Finals	All Div.		3000m Finals	All Div.
	1500m Finals	All Div.			
	100m	All Div.			
	100m Finals	All Div.			

Field Event Schedule

2:00	Shot Put - All Girls & Open W Followed by All Boys & Open M	5:00	Discus - All Girls & Open W followed by All Boys & Open M
2:00	Long Jump - All Girls & Open W followed by All Boys & Open M	5:00	High Jump - All Girls & All Boys & Open W - Followed by Open Men
3:30	Javelin - All Girls & Open W - followed by All Boys and Open M	6:00	Hammer - All Classes * this may go earlier following Discus.
		6:00	Triple Jump - All Girls & Open W followed by All Boys & Open M

Pole Vault Event * At Dome @ Louis Riel (Ottawa) Friday, June 27

Time TBA Pole Vault - 17U Girls & Open W followed by 17U Boys & Open M

** Please email us for information.

**SEE MEDICAL CONSENT FORM
BELOW REQUIRED BY ALL
ATHLETES IN THE LEGION
EVENTS (U18 / U16)
PRINT & COMPLETE & BRING TO
THE MEET**

**THE ROYAL CANADIAN LEGION TRACK AND FIELD PROGRAM
PARENTAL-GUARDIAN CONSENT/PERSONAL HEALTH RECORD FORM**

SELECT ONE OR BOTH "☐" BY INDICATING WITH A "✓"

District Provincial National

(PLEASE PRINT)

NAME OF ATHLETE: _____

ADDRESS: _____

CITY: _____ **PROV:** _____ **POSTAL CODE:** _____

PHONE:(____) _____ **DATE OF BIRTH:** Day _____ Month ____ Year _____

E-MAIL ADDRESS _____

PROVINCIAL HEALTH CARD No./EXPIRY DATE: _____

DATE OF LAST COMPLETE MEDICAL CHECKUP _____

If not available at the above address and phone number during the event(s), please provide the address and phone number where a parent or legal guardian may be reached.

PARENT OR LEGAL GUARDIAN: _____

ADDRESS: _____ **PHONE:**(____) _____

The parent or legal guardian is assuming full responsibility for the applicant's health being such that athletic activities will in no way aggravate any conditions present. It is assumed that the parent will know their child's condition or seek competent advice before completing the form. If for any reason the athlete's medical status changes after this form has been signed and your consent should be withdrawn or changed, the parent/guardian is obligated to notify their Royal Canadian Legion Provincial Command (905-841-7999), or Dominion Command in Ottawa at (613) 591-3335.

List any illness or disability, including allergies, which might affect the applicant's ability to perform at this event.

**THE ROYAL CANADIAN LEGION TRACK AND FIELD PROGRAM
PARENTAL-GUARDIAN CONSENT/PERSONAL HEALTH RECORD FORM**

Clearly indicate all medication that the applicant must use during the event period. These must be clearly marked and handed to the nurse upon arrival. **(Name of medication, condition for which it is prescribed, and dosage).**

I hereby, for myself, my heirs, executors and administrators, release and forever discharge The Royal Canadian Legion, its agents, servants, representatives, successors and assignee and other bodies, corporate firms associations or persons connected with the competitors of any and from any and all rights, claims, demands and actions whatsoever that I may have for any and all loss, damage to my equipment or injury sustained by me during the said competition. 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. I attest and verify that I am physically fit. I further provide my consent for the provision of emergency medical treatment, if necessary.

SIGNATURE OF ATHLETE: _____

DATE: _____

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

**THE ROYAL CANADIAN LEGION TRACK AND FIELD PROGRAM
TREATMENT WAIVER FORM**

SELECT ONE OR BOTH “□” BY INDICATING WITH A “

■ District □ Provincial □ National

A variety of therapeutic services may be provided for the athletes attending a Legion Provincial and/or National Track and Field Competition. The therapists may be student therapists that are completing clinical hours as part of their educational program. The athletes may wish to receive treatment before their events to limber up their muscles or following their event to cool down and prevent lactic acid build up in their limbs. The student therapists will be supervised by registered therapists at all times and the treatment will be performed through clothing or directly on skin on areas already exposed (i.e. legs, arms, etc).

ALL athletes under the age of 18, must have a parent or legal guardian sign the consent form before any of the therapeutic services are performed.

In order for an athlete to be eligible for these services, the following form must be completed, signed and provided to the Legion Provincial Command which the athlete is representing:

First/Family Name of Athlete: _____

Phone Number:(____)_____

Do you have any condition(s) that we should be aware of, e.g., diabetes, cancer, phlebitis or high blood pressure? YES NO

Are you taking any medication? YES NO

If yes, please inform your student therapist and/or supervisor as certain conditions may make it inadvisable to receive certain types of treatment.

**THE ROYAL CANADIAN LEGION TRACK AND FIELD PROGRAM
TREATMENT WAIVER FORM**

Please indicate on the list below, which forms of treatment you will/will not allow your child to undergo:

	WILL ALLOW (✓)	WILL NOT ALLOW (✓)
First Aid Treatment	<input type="checkbox"/>	<input type="checkbox"/>
Cryotherapy (ice)	<input type="checkbox"/>	<input type="checkbox"/>
Heat Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Massage Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Physiotherapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>

