

THE ONTARIO LACROSSE ASSOCIATION APPLICATION TO TRAVEL FORM

For travel to a tournament outside the Province and Canada.

(Please print or type except where signature is required.)

SECTION A – GENERAL INFORMATION

Club Name _____ Club R.D.S. # _____
Team Name _____ Team R.D.S. # _____
Departure Date from Canada _____ (mm / dd / yyyy) Return Date to Canada _____ (mm / dd / yyyy)
Is the tournament (in which your team is applying to play) included in the O.L.A. Tournament List? Yes No
IF NO, your Club **MUST** attach the authorization form or letter indicating that the tournament or trip has been sanctioned by Association of the country in which the tournament is being played.

SECTION B – INFORMATION ABOUT TOURNAMENT

Tournament Classification (Check one only.) C Competitive Teams Only R Recreational Teams Only O Open (includes competitive amateur)
Team Type Permitted in Tournament (Check one only.) C Club Teams Only A All-Star Teams Only
Tournament Season (Check one only.) O Outdoor I Indoor
Name of Tournament _____
Tournament Dates From _____ (mm / dd / yyyy) To _____ (mm / dd / yyyy)
Tournament Location: Country _____ Province / State _____ City(ies) / Town(s) _____
Tournament Age Division in which the team is entered: Under - _____ Over - _____ Open Age
Tournament Gender Division in which the team is entered: Male Female Mixed

SECTION C – INFORMATION ABOUT HOST ORGANIZATION

Name of Host Organization _____
Name of Contact Person _____
Address _____
Street _____ City / Province / State _____ Postal Code / Zip _____
Telephone Daytime (_____) _____ Evening (_____) _____ Fax Number (_____) _____

SECTION D – TEAM INFORMATION

The Team is registered with the O.L.A. in the following Age Division, Team Gender, and Team Classification:
Age Division Open Age Team Under – 15 The players were born on or after: _____ (mm/dd/yyyy)
 Over – 15 The players were born on of before: _____ (mm/dd/yyyy)
Team Gender Male Female Mixed
Team Classification Competitive Recreational
Coaches Name _____
Address _____
Street _____ City / Province _____ Postal Code _____
Telephone Business (_____) _____ Residential (_____) _____ Fax Number (_____) _____
Manager's Name _____
Address _____
Street _____ City / Province _____ Postal Code _____
Telephone Business (_____) _____ Residential (_____) _____ Fax Number (_____) _____

SECTION E – APPLICANT INFORMATION AND AUTHORIZATION OF APPLICANT

By authorizing this application form, the applicant Club hereby acknowledges the jurisdiction of CLA, OLA and its District Association during the time period authorized by this **Application to Travel Form** with regard to the rules for team travel and competitions of all these governing organizations; and furthermore, the Club agrees to abide by the Published Rules of these organizations. For travel to the U.S.A. or out of province, the applicant Club certifies that it has excess medical coverage (Travel Insurance) and **LIABILITY** insurance for the traveling team. (NOTE: Travel Insurance must be available from the OLA Insurer.) The applicant Club also agrees that its team will comply with all of the competition rules of the approved tournament.

Name of Club Official (print) _____ Signature of Club Official _____
Clubs Address _____
Street _____ City / Province _____ Postal Code _____
Telephone Daytime (_____) _____ Evening (_____) _____ Fax Number (_____) _____
Date _____ (mm / dd / yyyy)
Name of Manager/Coach (print) _____ Signature of Manager / Coach _____
Address _____
Street _____ City / Province _____ Postal Code _____
Telephone Daytime (_____) _____ Evening (_____) _____ Fax Number (_____) _____
Date _____ (mm / dd / yyyy)

SECTION F – AUTHORIZATION BY O.L.A.

FOR THE CLUB: _____
Travel Approved by: _____
Print Name _____ Signature _____ Title _____ Date (mm / dd / yyyy) _____
FOR THE ONTARIO LACROSSE ASSOCIATION
Travel Approved by: _____
Print Name _____ Signature _____ Title _____ Date (mm / dd / yyyy) _____

For any team travel (outside of Province and Canada), the approval of the applicant, The Ontario Lacrosse Association, and the club is required. The Tournament Host Organization should refer all discipline reports to: 1185 EGLINGTON AVENUE EAST, NORTH YORK, ONTARIO M3C 3C6, CANADA.

Please attach the Travel Insurance Policy (copy) to this form prior to submitting to Ontario Lacrosse Association.