## Appendix D: Athletics Ontario Exemption Form

## Athletics Ontario Exemption Form: Medical / Special Championship Requests / Other

These requests must be submitted according to the QFG guidelines as published on the Athletics Ontario website: <a href="http://athleticsontario.ca/quest-for-gold/">http://athleticsontario.ca/quest-for-gold/</a>

Requests will be reviewed by the QFG Committee and responses will be sent in a timely manner.

Athlete	Information	
Name:		Email:
Address:		Phone (cell):
Coach's Name:		
Coach's Cell:		Club affiliation:
A.	<b>Medical Request</b> (including	being injured at a Championship)
Event (C	Championship):	Date:
	I Reason: (If injured at Champ nt at the meet sign this docu	pionship please indicate the nature of the injury and have the medical ment.)
	I Documentation from a Cert	ified Medical Doctor: (please attach additional SIGNED documentation)
ii iiijure	u at a Championship.	
Name o	f Medical attendant at Cham	pionship
Signatuı	re	Submission Date
В.	Competing in different events/age categories at Championships (AO or AC) Or competition issues surrounding Championship events.	
	Rationale: Please include an	y relevant documentation.
С.	Other (Bereavement, Compassionate grounds, Financial hardship, etc.)	
	Rationale: Please include da	ites and specifics of Championship(s) the request relates to.
Athlete Signature		Date:
Coach's Signature		Date: