Athlete Application for Transfer

Athlete Information:					
Last Name:	First Name:		Athletics Ontario #		
Address:		City:	Po	ostal Code:	
Phone:	Email:				
Current Club/Coach Information	ո։				
Club Name:	Coach Name:				
Contact Information:					
New Club/Coach Information:					
Club Name:		_ Coach Name	e:		
Contact Information:					
Reasons for Transfer:					
The athlete confirms that no funds an transferring. The club and/or coach t with this transfer, are in compliance w and that they understand the potentia	o which the athlete is with the AO Code of Co	transferring con	firms that they hav esponsibilities relati	re read and, in connection	
Signature of Athlete	Name (please prin	nt)	Date		
Signature of Parent/Guardian (if athlete is under 18 years of age)	Name (please pri	nt)	Date		
Signature of Member of the Board of Directors or Manager of New Club	Name (please pr	int)	Date		
Signature of New Coach	Name (please prir	 nt)	Date		

Please email this form to Athletics Ontario at: office@athleticsontario.ca

NOTE: All applications for transfer must be sent to Athletics Ontario for review and acceptance. Transfers are not complete until the application, with all required information and signatures, has been received by Athletics Ontario and Athletics Ontario has approved the transfer. It may take up to 2-5 business days for a fully competed application to be processed and approved by Athletics Ontario. Athletes may not compete as "unattached" or for their new club until the application has been approved by Athletics Ontario.