

# ROPSSAA

## PARA SHOT PUT REGISTRATION FORM

Please submit this form to [marcia.baker@peelsb.com](mailto:marcia.baker@peelsb.com) before the ROPSSAA deadline. Remember that the OFSAA Para registration form must be completed and included in your coaches package. You can find this form on the OFSAA website under the coaches section.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Coaches Name(s): \_\_\_\_\_

Contact # (school): \_\_\_\_\_ Contact # (Cell): \_\_\_\_\_

### Physical Disability Type:

Please check the division that applies to the athlete:

<b>Seated Throw</b>	
Seated Throw Division <b>(Not Offered at ROPSSAA - Automatic entry to OFSAA)</b>	
<b>Standing Throw</b>	
Ambulatory Division	
VI Division	
ID Division	

Coaches signature: \_\_\_\_\_

Date: \_\_\_\_\_