



West Central District Athletic Association
CURLING
Provincial Playoff Intent Form

Name of School:

Coach Name:

Athletes Must Read: *I understand that if my team wins the (Sectional and/ or District) competition, I will be committed to my team and to my school to compete at the all subsequent rounds of competition leading up to and including the Provincial Finals. I understand that this does not mean anything that is beyond my control ie: sickness, injury.*

I have read and understood the above statement:

(Print Name)	(Signature)
(Print Name)	(Signature)
(Print Name)	(Signature)
(Print Name)	(Signature)

Signature of Coach: _____ **Date:** _____

This form must be signed by the athlete and coach prior to the first round of competition and sent to the Athletics Commissioner.