



APPENDIX D

Tony Cote Winter/Summer Games ATHLETE TRANSFER FORM

As per the Tony Cote Winter/Summer Games technical manual, the following Athlete will be transferring from:

_____ (Athlete Name) _____ (Tribal/Grand Council/Team)

Transferring to: _____ (Tribal Council/ Team)

Transfer start: _____ (Year) Transfer will expire: _____ (Year)

Transfer will be in place for one full games cycle (Winter/Summer Games).

Tribal/Grand Council and/or Independent Band Team of releasing First Nation:

_____ (Print Name) _____ (Signature)

Tribal/Grand Council and/or Independent Band Team Coordinator accepting athlete:

_____ (Print Name) _____ (Signature)

Date: ____/____/____

PLEASE ENSURE THIS FORM IS COMPLETELY FILLED OUT



APPENDIX E
Band Membership Verification Form

The following is a list of all athletes who are participating in the Tony Cote Winter/Summer Games with the _____ First Nation/Band. As a requirement of the Tony Cote Winter/Summer Games, all of our participants must be verified by the band membership clerk.

FIRST & LAST NAME
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As Band Membership Clerk of _____ First Nation, I hereby declare that we have performed the required treaty check and verify that the above listed participants are from the above mentioned First Nation.

Band Membership Clerk	Signature	Date
Tribal?Grand Council	Signature	Date



Appendix F Participant Background Check Form

The following is a list of all team participants and their role(s), including coaches, managers, chaperones and mission staff. As a requirement of the Tony Cote Winter/Summer Games Manual, **ALL** of our “adult participants” have undergone a Criminal Record Check AND Vulnerable Sector Search, within the last 12 months. If necessary, please feel free to expand the chart.

NAME	POSITION / ROLE	Date of Checks
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As Chef de Mission of Team _____ (Tribal/Grand Council and Independent Band), I hereby declare that we have performed the required background checks within the last 12 months and verify that the above listed staff have been cleared to perform their duties in the identified capacity.

Chefs de Mission Name (print)

Signature

Date