**![Synchro Ontario SSO High Res Blend Approved[1] (244x100).jpg]()**

**FOR OFFICE USE ONLY**

Request #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rec’d (mm/dd/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMPETITION BYE REQUEST FORM**

**Please complete this form, and email (along with all supporting documents) to** **meetreg@synchroontario.com** **NO LATER than 24 hours before the first event of the meet. Email subject line MUST read: BYE REQUEST for <Swimmer Name> at <Meet Name>.**

***Please note:*** *Incomplete requests (e.g. missing doctor’s note) CANNOT be processed. If request is fewer than 24 hours before the first event, DO NOT EMAIL - instead, bring completed form and all documents to the CHIEF REFEREE on deck as soon as possible.*

**COMPETITON NAME:**       **COMPETITION DATE:** Click here to enter a date.

**REQUESTED BY:**       **DATE OF REQUEST:** Click here to enter a date.

**CLUB NAME:**       **EMAIL ADDRESS:**

**ATHLETE NAME:       AGE GROUP:**

**EVENTS:** *(List Age Group for each event below)*

**FIGURES**       **SOLO**       **DUET**       **TEAM**       **COMBO**

**Does this bye request affect a duet (i.e. there is no alternate)?** YES [ ]  NO [ ]

**If yes, please provide the name of the duet partner affected:**

**Does this bye request affect a team/combo (i.e. there is no alternate, and the request will reduce the roster to below the minimum of 4 athletes as per SSO Rule 4.4.7/CASSA 3.1.8)?** YES [ ]  NO [ ]

**REASON FOR REQUEST:**

**IF THIS IS A MEDICAL BYE REQUEST:**

**PRACTITIONER NAME:**       **PHONE NUMBER:**

**\*IMPORTANT: MEDICAL NOTE WITH DATE, DIAGNOSIS AND RETURN DATE MUST BE ATTACHED**

**FOR INJURIES:**

Is this a synchro related injury: YES [ ]  NO [ ]

IF YES: Has an Incident Report been sent to the Synchro Swim Ontario office: YES [ ]  NO [ ]

If NO, Incident Report is attached with this request form: YES [ ]  NO [ ]

Date Reported: Click here to enter a date.

List all past seasons’ Medical Bye Requests including nature of injury for this same athlete if applicable:

\*Note: Synchro Swim Ontario reserves the right to request additional information and/or a return to play note before final approval of this BYE Request and/or before the athlete is allowed to return to swimming/competition.

**FOR OFFICE USE ONLY DATE (mm/dd/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

BYE REQUEST approved by Jury of Appeal? YES \_\_\_ NO \_\_\_

 Follow-up required? YES \_\_\_ NO \_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_