



# GYMNASTICS NOVA SCOTIA

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**Age : 18 & over**

## Memorandum

**To:** 2018 Eastern Canadian Artistic and T&T Championships -  
Potential Team Members

**From:** Angela Gallant, Executive Director  
David Brown, Technical Director

**Re:** 2018 Eastern Canadian Artistic and T&T Championships

**Date:** March 8, 2018

The 16<sup>th</sup> Eastern Canadian Gymnastics Championships are being hosted by Gymnastics Ontario and Just Bounce Trampoline Club at Durham College/University of Ontario Institute of Technology in the Greater Toronto area from May 12-13, 2018.

The Nova Scotia Provincial Artistic Team will be announced following competition at the NS Provincial Championships, based on the Women's and Men's Program regulations. The Nova Scotia Provincial T&T Team will be announced based on sanction competition results.

**In order for you to be eligible for team selection, it is NECESSARY that you have the following information to your club by \_\_\_\_\_. Clubs must have this information to the Gymnastics Nova Scotia office by Thursday, March 29<sup>th</sup>, 2018 for both Artistic Gymnastics and Trampoline and Tumbling. If you do not make this team, your cheque and/or cash will be returned to you at the Provincial Championships or through your club following Provincials.**

### **Forms and Payment Required**

- **A cheque for \$1041.44 if not checking luggage and \$1098.94 if checking a bag** - made payable to **Gymnastics Nova Scotia** (this can be postdated to April 16<sup>th</sup>)
- **GNS Consent Form** (1 forms attached—please ensure appropriate consent form for age)
- **GNS Medical form** (2 page form attached)
- **GNS Fair Play Form** (1 form attached)
- **Host Consent/Waiver Form** – **not included** - form will be distributed once received from organizing committee

**The above forms are also available on the GNS webpage under Events then Easterns Artistic or T&T.** Completed forms and payment are to be passed on to a designated person in your club by the date indicated above. If GNS does not receive these forms and payment at least one week prior to the Provincial Championships, the club will be fined and your child may not be eligible for team selection. **Clubs are responsible to collect all the information by the club deadline date and then pass it on to GNS as one complete package by the GNS deadline date. If forms are received after the deadline the club will receive a fine from GNS.**



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**Transportation – price as per below**

**Flight - \$478.44 per person with no luggage check  
\$535.84 per person with 1 luggage bag to check**

The Gymnastics Nova Scotia group will be flying on both Air Canada and Westjet Airlines to Toronto on Friday, May 11th on the following flights:

AC609 - Depart Halifax, NS at 8:00am      Arrive in Toronto at 9:29am

WS245 – Depart Halifax, NS at 8:00am      Arrive in Toronto at 9:20am

The return flights on Monday, May 14<sup>th</sup> are as follows:

AC620 - Depart Toronto at 6:55pm      Arrive in Halifax at 10:00pm

WS30 – Depart Toronto at 6:15pm      Arrive in Halifax at 9:20pm

**Registration -**

**\$90.00** per athlete (includes closing athlete banquet on Sunday)

**Accommodations & Meals -**

**\$375 per athlete** – Nova Scotia participants will be staying on campus at Durham College in dormitory style accommodations. In South Village and Simcoe Village buildings. Rooms have been blocked for athletes, coaches, judges and support staff for Friday, Saturday and Sunday night. The coaches and the GNS Program Committees will make the rooming assignments. Transportation to and from the airport is included with the accommodations package.

The following meals are included with the accommodations:

- Friday accommodations lunch and supper
- Saturday accommodations plus Breakfast, Lunch and Supper
- Sunday accommodations plus Breakfast, Lunch and Supper
- Monday accommodations plus Monday Breakfast

Once leaving the residence on Monday morning, the remainder of the day will be spent visiting Canada's Wonderland. **Athletes will need money for lunch, supper and any snacks they may want to purchase. They may also want additional spending money at Canada's wonderland.**

**As per GNS Policy, all team members are required to stay with the team in the team venue.** Athletes will be the responsibility of the coaches and chaperones.

**Canada's Wonderland visit (\$58)** – Team Nova Scotia will visit Canada's Wonderland on Monday, May 14th prior to flying back to Halifax. The admission fee will be \$38 each and the cost of ground transportation to Canada's Wonderland is \$20 per person. **Please ensure that you have money for lunch and supper on Monday as well as any snacks or incidentals.**

**Cost Share Amount -**

**\$40.00 \*** – this amount helps fund the expenses of the team coaches, judges and support staff.

\*This is a \$10 reduction this year due to available funds from the GNS Excellency Fund.

**Uniforms -**

All athletes and coaches are required to wear the official GNS Track jacket with black pants. For competition, girls are to have the provincial leotard and boys are to have the provincial singlet with the grey pants. **Club coaches are responsible for ensuring that all gymnasts from their club are outfitted properly.** Please contact Uniforms Director, Susie Gallagher (pgallagher@eastlink.ca) or the GNS office ([gns@sportnovascotia.ca](mailto:gns@sportnovascotia.ca)) if there are any issues.

**Payment for track jackets, girl's leotards, boy's singlets, pants and shorts will be made to your club** and one cheque will be sent to GNS from the club. The actual prices for the team bodysuits, singlets and pants will be relayed to your club once they arrive.

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**COMPETITION SITE:**

Campus Recreation Center  
Durham College/UOIT  
2000 Simcoe St N  
Oshawa ON

**EQUIPMENT**

MAG & WAG - SA Sport is the official equipment supplier  
T & T - Rebound Products will supply the TRA & DMT equipment  
- Osbourne Academy of Acrobatics will supply the TUM equipment

**Hotel information for family and friends is as follows:****Comfort Inn Oshawa**

605 Bloor St W, Oshawa ON L1J 5Y6  
(905) 434-5000

Group Rate: \$152/night + tax

Includes: Deluxe Continental Breakfast, free wifi, free parking

*Use "Eastern Canadian Gymnastics Championships" when booking to get group rate.*

*40 rooms in Group Block will be held until April 30<sup>th</sup> for Easterns groups, and will then be released. Please book by April 30<sup>th</sup> to take advantage of the group rates.*

**Travelodge Oshawa Whitby**

940 Champlain Ave, Oshawa ON L1J 7A6  
(905)436-9500

Rate: \$129/night + tax

Includes: Deluxe Hot and Cold Breakfast, Pool, hot tub, free wifi, free movies and free parking. *Use "Eastern Canadian Gymnastics Championships" when booking to get group rate.*

*30 rooms in Group Block will be held until March 13<sup>th</sup> for our group, and will then be released. Please book by April 13<sup>th</sup> to take advantage of the group rates.*

**Spectator Admission Costs-**

Spectators will be permitted to watch training day free of charge. There will be admission charged for all spectators for competition days as follows:

	<b>Day Pass</b>	<b>2 Day Pass</b>
Adult (18+ years)	\$12.00	\$20.00
Senior (55+ years)	\$ 8.00	\$13.00
Student (11-17 years)	\$ 8.00	\$13.00
Children (6-10 years)	\$ 5.00	\$ 8.00
Children 5 & under	Free	Free

**Website:**

If there is a competition website, GNS will set up a link to this through Gymnastics Ontario. The competition schedule will also be posted on this GNS site and forwarded to team members once it becomes available.

**Current Schedule-**

The complete travel schedule with flight times per group and competition schedule will be distributed as the event gets closer.

All further information will be communicated to team members as it becomes available.



## Gymnastics Nova Scotia

### Participant's Informed Consent Form (18 & over)

Event: Eastern Canadian Gymnastics Championships

Event Location: Oshawa, ON

Event Date: May 11-14th, 2018

#### PLEASE READ CAREFULLY

**Risk:** I, the undersigned understand and acknowledge that traveling to and from and participation in the above named event may result in personal injury (including but not limited to: injury to bones, joints, ligaments, muscles, tendons, internal organs, and other aspects of the skeletal system and potential impairment to other aspects of the body, and in rare occurrences, death, complete or partial paralysis, or brain damage) and property damage or loss. I fully understand these risks and hereby agree to participate voluntarily and at my own risk.

**Rules:** I understand that the rules and regulations are designed for the safety and protection of participants and hereby agree to abide by the rules and regulations set down by the event Organizing Committee.

**Media Release:** I hereby grant to Gymnastics Nova Scotia the right to use, without payment of any fee or charge, any written information (excluding information contained on the Medical Form), photograph, video tape or other visual media of myself taken during the event for the purpose of media and provincial association promotion of the event.

**Liability:** In consideration of your acceptance of my entry in the event, I, intending to be legally bound, agree to RELEASE, SAVE HARMLESS AND INDEMNIFY Gymnastics Nova Scotia, the Organizers and/or its agents from and against all claims, actions, costs and expenses and demands in respect to death, injury, loss or damage to my person or property where so ever and howsoever caused, arising out of, or in connection with my association with or entry in the above athletic meet or which may arise out of my traveling to or participating in and returning from the said athletic meet. I further agree to HOLD HARMLESS AND INDEMNIFY Gymnastics Nova Scotia, the Association, the Organizers and/or its agents from any and all actions, claims, demands, losses, judgments or costs of any nature to any third party resulting from my association with or entry in the said athletic meet and I agree not to make any claims or take any proceedings against any person, society, corporation or other legal entity who might claim contribution or indemnity from Gymnastics Nova Scotia, the Organizers and/or its agents in respect of matters which are subject of this Release. I agree that this Release shall bind my heirs, executors, administrators and assigns.

**I confirm that I am of the full age of 18 years, have read, understood and agree to the contents of this Informed Consent Form in its entirety.**

Participant's Name : \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Please Print) (D/M/Y)

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Witness Signature: \_\_\_\_\_

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



## GNS Fair Play Contract

I, as an ambassador and representative for the province of Nova Scotia, shall abide by the spirit and guidelines of the Fair Play Codes for participants.

### ***Participant Guidelines***

#### Our Fair Play Code

***Respect*** at all times for participants, coaches, officials, teammates, spectators, opponents, administrators and volunteers.

***Sportsmanship*** prior to, during and following the activity; demonstrating modesty in victory and composure in defeat.

***Knowledge*** of all rules, whether written or unwritten, and following the spirit of those rules.

***Access*** for all to participate, regardless of age, gender, race or skill level.

***Participation*** in a manner that demonstrates more than just the desire to win. Having fun, making friends, improving skills and performing your personal best must be just as important when participating.

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Participant Name

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Date

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Participant Signature

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Parent/Guardian Signature (if under 18)



## MEDICAL HISTORY

**COMPLETE ONE PER ATHLETE - FORM MUST BE FULLY COMPLETED**

1. ATHLETE'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

2. PARENT OR LEGAL GUARDIAN INFORMATION (COMPLETE THIS SECTION IF UNDER 18YRS)

CONTACT NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CELL PHONE OR OTHER: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

3. EMERGENCY CONTACT INFORMATION (COMPLETE IF DIFFERENT FROM SECTION 2)

CONTACT NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CELL PHONE OR OTHER: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

4. FAMILY PHYSICIAN INFORMATION

PHYSICIAN NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

5. PROVINCIAL HEALTH CARD: \_\_\_\_\_  
NUMBER PROVINCE

### 6. MEDICAL HISTORY INFORMATION

**If you answer YES to any question below, please state the diagnosis, treatment you have or are receiving and if you have been cleared to compete.**

6.1 Do you know of any health reason why you should not participate in any gymnastics event? \_\_\_\_Y \_\_\_\_N

If yes, please describe: \_\_\_\_\_

6.2 Do you have a history of sleepwalking? \_\_\_\_Yes \_\_\_\_No

If yes, please describe: \_\_\_\_\_

6.3 Have you had any surgery in the last 12 months? \_\_\_\_Yes \_\_\_\_No

If yes, please describe: \_\_\_\_\_

6.4 Have you been diagnosed with a fracture, stress fracture or other bone injury in the last 12 months?

If yes, please describe: \_\_\_\_\_

6.5 Have you had any of the following injuries or conditions?

6.5.1 Head injury/concussion \_\_\_\_Yes \_\_\_\_No

6.5.2 Neck or back injury \_\_\_\_Yes \_\_\_\_No

6.5.3 Trauma or overuse to any joint/bone \_\_\_\_Yes \_\_\_\_No

6.5.4 Trauma or overuse to any ligament/tendon \_\_\_\_Yes \_\_\_\_No

6.5.5 Asthma/breathing problems \_\_\_\_Yes \_\_\_\_No

6.5.6 Bleeding or blood disorder \_\_\_\_Yes \_\_\_\_No

6.5.7 Diabetes/heart disease \_\_\_\_Yes \_\_\_\_No

6.5.8 History of seizures/epilepsy \_\_\_\_Yes \_\_\_\_No

6.5.9 Mononucleosis \_\_\_\_Yes \_\_\_\_No

6.5.10 Infectious diseases (organs, bones, etc.) \_\_\_\_\_ Yes \_\_\_\_\_ No  
6.5.11 Skin conditions including infections \_\_\_\_\_ Yes \_\_\_\_\_ No  
6.5.12 Other \_\_\_\_\_ Yes \_\_\_\_\_ No

**IF YOU ANSWERED "YES" TO ANY OF THE ABOVE IN 6.5, PLEASE PROVIDE FURTHER INFORMATION:**

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6.6. Are you currently taking any medication? \_\_\_\_\_

6.7 Do you have any history of Anxiety? \_\_\_\_\_

If yes, please indicate any treatment or procedures that should be followed:

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6.8 Are you currently wearing any type of protective equipment, bracing or taping for any existing injury or condition? \_\_\_\_\_

6.9 Do you have any allergies? \_\_\_\_\_

If yes, please describe type and severity \_\_\_\_\_

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Do you carry an epipen? \_\_\_\_\_ Yes \_\_\_\_\_ No

6.10 Do you wear glasses or contact lenses? \_\_\_\_\_ Yes \_\_\_\_\_ No

6.11 Do you wear dental appliances? \_\_\_\_\_ Yes \_\_\_\_\_ No

6.12 Do you have any significant family medical history? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe \_\_\_\_\_

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7. ADDITIONAL COMMENTS OR ANY INFORMATION THAT WAS NOT COVERED ABOVE THAT YOU FEEL IS IMPORTANT FOR TEAM STAFF TO BE AWARE OF \_\_\_\_\_

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## MEDICAL WAIVER

I, \_\_\_\_\_ (the undersigned), hereby agree that the relationship between myself and any attending physician, therapist or allied medical personnel in connection with the event shall be governed by and constructed in accordance with the laws of the province in which the event is being held.

I, \_\_\_\_\_ (the undersigned), state that, to the best of my knowledge, all of the answers on the preceding Medical History form are correct.

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian if athlete is under 18

\_\_\_\_\_  
Date