



GYMNASTICS NOVA SCOTIA

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Age : 18 and over

To: Parents/Athletes - Potential 2019 Atlantic Team Members

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

Re: Atlantic Championships – Fredericton, NB

Date: March 7, 2019

Kingswood Gymnastics and Gymnastics NB will be hosting the 2019 Atlantic Canadian Championships on April 26th and 27th at the **Grant-Harvey Centre** in Fredericton, NB. Nova Scotia teams will be announced following competition at the NS Provincial Championships, based on the Women's and Men's Program regulations.

In order for you or your child to be eligible for team selection, it is NECESSARY that you have the following information to your club by date to be filled in by club.

Clubs must have this information to the Gymnastics Nova Scotia office by Friday, March 29th, 2019. If you do not make this team, your cheque will be returned to you at the Provincial Championships or shortly after through your club.

Forms and Payment Required:

- A cheque for **\$436.00** made payable to **Gymnastics Nova Scotia** (this can be postdated to April 8th)
- **GNS Consent/Waiver Form** (1 form attached for appropriate age)
- **GNS Medical form** (2 page form attached)
- **Fair Play Form** (1 form attached)
- **Atlantics Host Consent/Waiver form** (1 form attached for appropriate age)

The above forms are also available on the GNS webpage under Events then Atlantics. **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.

Registration -

\$85.00 - Includes a Saturday evening athlete banquet, dance and activities for the athletes.

Transportation -

\$144.00 per person – includes travel to Fredericton and transportation while at the event. The Gymnastics Nova Scotia group will travel via Ambassadors Bus lines and will depart the Metro Halifax area on the morning of Thursday, April 25th and return by mid-afternoon on Sunday, April 28th. Actual times and the pickup location will be communicated as the event gets closer. The delegation will also have minivans rented through Enterprise for smaller trips.

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Accommodations -

\$132.00 per athlete – The group will be staying at the **Hampton Inn and Suites** (470 Bishop Drive, Fredericton, NB). **Complimentary breakfast is included with the hotel.** Rooms have been booked for athletes, coaches, judges and support staff for Thursday, Friday and Saturday nights. Coaches and GNS program committees will do the rooming assignments. **As per GNS Policy, all team members are required to stay with the team in the team hotel.** Athletes will be the responsibility of coaches, managers and the team head of delegation.

Cost Share Amount -

\$75.00 – this amount helps fund the expenses of the team coaches, judges and support staff.

Meals -

Meal cost is the responsibility of the individual. Breakfast is included at the hotel so please budget for the following meals:

Thursday – lunch, supper and snacks

Friday – lunch, supper and snacks

Saturday – lunch and snacks (supper is provided at the banquet)

Sunday – lunch and snacks for the drive back

Parents should make sure that their children understand how to order from a menu and how to pay for a meal in a restaurant. Coaches will be there to help but it is to their advantage to have had some previous experience with ordering and tipping. Parents should also make sure to discuss with their athletes the importance of eating healthy meals during team travel.

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 blue pants. **Club coaches are responsible for ensuring that all gymnasts from their club are outfitted properly. New track jackets were ordered this year so all potential athletes should have ordered this through their club. If you have any questions, you are asked to contact Uniforms Director Susie Gallagher (pgallagher@eastlink.ca) or the GNS office (gns@sportnovascotia.ca).**

Payment for track jackets, girls bodysuits, 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 track jackets, bodysuits, singlets, shorts and pants will be relayed to your club once they arrive.

Competition schedule:

A tentative competition schedule is attached and is posted on the GNS webpage but please remember that this is tentative. **Please note that the tentative schedule may change once final registrations are received by the organizing committee.** The final competition schedule will also be posted on the GNS website, the competition website and forwarded to parents once it becomes available.

Website:

GNS will post all information, schedules and competition bulletins on the GNS website under Atlantics. <https://gymns.ca/2019-atlantic-gymnastics-championships>

Competition Venue -

Grant Harvey Center

600 Knowledge Park Drive, Fredericton, NB E3C 2N5

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



Gymnastics Nova Scotia

Participant's Informed Consent Form (18 & over)

Event: Atlantics Canadian Gymnastics Championships

Event Location: Fredericton, NB

Event Date: April 25th-28th, 2019 **T-shirt Size**

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.

Participant Name

Date

Participant Signature

Parent/Guardian Signature (if under 18)



MEDICAL HISTORY

COMPLETE ONE PER ATHLETE – 2 PAGE FORM

1. ATHLETE'S NAME: _____ DATE OF BIRTH: _____

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:

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:

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 _____

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 _____

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

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



**2019 Atlantic Gymnastics Championships
Participant's Informed Consent & Waiver
(18 Years+)
PLEASE READ CAREFULLY**



Rules

I understand that the rules, regulations, and policies governing the Atlantic Gymnastics Championships event are designed to ensure the safety, protection, and wellbeing of all participants. I agree to abide by all rules, regulations, and policies as laid out by the New Brunswick Gymnastics Association (NBGA) and any event organizing committee.

Risks

I am aware of the possible physical risks, dangers, and hazards associated with or related to the sport of gymnastics and with participation in Atlantic Gymnastics Championships, including the possible risk of severe or fatal injury. These risks include, but are not limited to: injury or impairment to bones, joints, ligaments, muscles, tendons, internal organs, and other aspects of the body; and injury to the brain or spinal cord, resulting in brain damage, partial or complete paralysis, and death; injuries resulting from executing strenuous and demanding physical techniques; injuries resulting from collisions with any gymnastics apparatus, or from falls to the mats or floor; injuries resulting from physical contact with other participants (including coaches/spotters); injuries resulting from one's failure to perform within one's limits and abilities; injuries resulting from one's failure to properly use any of the gymnastics apparatus; injuries resulting from the mechanical failure of any of the gymnastics apparatus; additional risks associated with one's travel to and from the competition destination, and associated non-gymnastics activities which are an integral part of this type of event.

Release

I, the undersigned, am participating voluntarily in the 2019 Atlantic Championships, and understand that there are risks associated with participation, as described above. I accept these risks, and agree to not hold Kingswood Ventures Inc., the Organizing Committee, or the New Brunswick Gymnastics Association responsible for any personal injury, death, property damage, or loss which the athlete might sustain while participating in Atlantic Gymnastics Championships. I agree to release the organizers of all responsibility for any claims, demands, actions, and costs in respect to injury, death, damage, or loss as a result of participation. I understand the term 'organizers' to include the NBGA and any event organizing committee, and each of their respective directors, officers, employees, coaches, volunteers, and members.

Media Release

I hereby grant to Kingswood Ventures Inc., the Organizing Committee and the New Brunswick Gymnastics Association the right to use, without payment of any fee or charge, any written information (excluding information contained on the Medical Form), photograph, video, or other visual media of myself taken during the 2019 Atlantic Gymnastics Championships for the purpose of media and provincial association promotion of the 2019 Atlantic Gymnastics Championships.

Liability

In consideration of your acceptance of entry in the 2019 Atlantic Gymnastics Championships, I, intending to be legally bound, agree to RELEASE, SAVE HARMLESS AND INDEMNIFY Kingswood Ventures Inc., the Organizing Committee and the New Brunswick Gymnastics Association and/or its agents from and against all claims, actions, costs and expenses and demands in respect to death, injury, loss or damage to any person or property where so ever and howsoever caused, arising out of, or in connection with any association or entry in the above athletic meet or which may arise out of any traveling to or participating in and returning to and from the athletic meet. I further agree to HOLD HARMLESS AND INDEMNIFY Kingswood Ventures Inc., the Organizing Committee, and the New Brunswick Gymnastics Association and/or its agents from all and any 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 to not make any claims or take any proceedings against any person, society, corporation or other legal entity who might claim contribution or indemnity from Kingswood Ventures Inc., the Organizing Committee, the New Brunswick Gymnastics Association 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.

Acknowledgment

I confirm that I am of the full age of 18 years furthermore, I acknowledge that I have read this agreement, and that I fully understand, appreciate and accept the physical risks associated with participation in Atlantic Gymnastics Championships and agree to the contents of this Informed Consent Form in its entirety.

Participant Name: _____ Witness Name: _____

Participant Signature: _____ Witness Signature: _____

Date: _____ Date: _____