



GYMNASTICS NOVA SCOTIA

5516 Spring Garden Road, 4th floor, Halifax, NS B3J 1G6

Tel: (902) 425-5450, ext. 338, fax: (902) 425-5606

Web page: www.gymns.ca

e-mail: gns@sportnovascotia.ca

Age : Under 18

To: Parents of Potential 2020 Atlantic Team Members

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

Re: Atlantic Championships – St. John's, NF

Date: March 6, 2020

Gymnastics Newfoundland and Labrador is very excited to be hosting the 2020 Atlantic Canadian Championships on April 25th and 26th at the **NL Sports Centre - Powerplex** in St. John's, NL. 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 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 27th, 2020. If your child does 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 **\$804.00** made payable to Gymnastics Nova Scotia (this can be postdated to April 6th). E-transfer to gns@sportnovascotia.ca is also an option but the club must note this on the forms and the amount must be sent within 24 hours of completion of the athlete's specific session at Provincials.
- **GNS Consent/Waiver Form** (1 form attached for appropriate age)
- **GNS Medical form** (2 page form attached)
- **Confirmation of Compliance with GNS Code of Ethics and Conduct** (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. **The complete GNS Code of Ethics and Conducts Policy is also posted here on the GNS website.** <https://gymns.ca/2020-atlantic-gymnastics-championships> 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 may receive a fine from GNS.

Team Travel Event

This is a team travel event and athletes are expected to be with the Team NS delegation at all times during the trip. If an athlete needs to leave the delegation for an approved reason, the appropriate paperwork needs to be completed by the following dates:

- special travel requests for **extenuating circumstances only** – must be submitted to GNS by April 1st
- to leave delegation for a short period of time during the trip for **an approved reason only** (*an example of a situation where this might be approved would be to have lunch with a relative that lives in the competition area whom the athlete doesn't get to see often*) – paperwork to get permission for something similar to this must be submitted to GNS by April 17th.

Please contact the GNS office via phone (902)425-5450 or email: gns@sportnovascotia.ca for the required paperwork.

COST BREAKDOWN

Transportation – \$512 per person break down by flight and ground transport below

Flight (\$445 per person). The Gymnastics Nova Scotia group will be flying on WestJet Airlines and Porter Airlines to St. John's on **Friday, April 24th** on the following flights:

WestJet WS 3428 –	Depart Halifax, NS at 7:10am	Arrive in St. John's at 9:28am
Porter PD 455 -	Depart Halifax, NS at 12:15pm	Arrive in St. John's at 2:30pm

The return flights on **Monday, April 27th** are as follows:

WestJet WS 3421 –	Depart St. John's at 10:00am	Arrive in Halifax at 11:32am
Porter PD 484 –	Depart St. John's at 3:30pm	Arrive in Halifax at 5:10pm

Actual flight groups and airport meeting times will be communicated as the event gets closer.

Please note that carry-on baggage is limited to two pieces as follows:

- 1 standard article not exceeding 53 x 38 x 23 cm (21 x 15 x 9 in) and weighing less than 9 kg (20 lbs)
- 1 personal article not exceeding 33 x 41 x 15 cm (13 x 16 x 6 in) and weighing less than 9 kg (20 lbs)

Ground Transportation (\$67.00 per person). School buses have been booked by GNS through Parsons and Son's in St. John's. Parsons and Son's will do both Team Nova Scotia pickups at the St. John's airport on Friday, a couple of team outings and will transport team members to and from the competition venue all day Saturday and Sunday and return both groups to the airport on Monday. Two minivans have also been booked at Enterprise to transport smaller groups when needed.

Registration -

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

Accommodations -

\$132.00 per athlete – The group will be staying at the **Fairfield Inn & Suites by Marriott** (199 Kenmount Road, St. John's, NL). **Complimentary breakfast is included with the hotel.**

Rooms have been booked for athletes, coaches, judges and support staff for Friday, Saturday and Sunday 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:

Friday – lunch, supper and snacks

Saturday – lunch, supper and snacks

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

Monday – lunch and snacks for the flight 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 last year and another order was completed 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, 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, shorts and pants will be relayed to your club once they arrive.

Competition schedule:

A tentative competition schedule will be posted on the GNS webpage once it becomes available 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/2020-atlantic-gymnastics-championships>

Competition Venue -

NL Sports Centre - PowerPlex

90 Crosbie Road, St. John's, NL A1B 3W4

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



Gymnastics Nova Scotia

Participant's Informed Consent Form (under 18)

Event: Atlantic Canadian Gymnastics Championships

Event Location: St. John's, NL

Event Date: April 24-27th, 2020 T-shirt Size

PLEASE READ CAREFULLY

Risk: I, _____ give my consent for my child _____
(Parent's Name)
(Child's Name)

to participate in the above named event. I also understand that travelling to and from and participating in the 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 allow my son / daughter to participate voluntarily.

Rules: I understand that the rules and regulations are designed for the safety and protection of participants and hereby agree to inform my son / daughter of 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 my son / daughter 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 son / daughter 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 sons/ daughters 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 as the parent/guardian of the participant named herein, hereby declare that I have read, understood and agree to the contents of this Informed Consent in its entirety.

I as the parent/guardian of the participant named herein, agree to assume full responsibility to instruct my child of the risks involved and to inform him/her of the importance of abiding by the rules and regulations.

Parent/Guardian Signature: _____ Date: _____

Witness Name: _____

Witness Signature: _____ Date: _____



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GNS Code of Ethics and Conduct Policy should be viewed in your club or on the GNS Webpage at:

<https://gymns.ca/2020-atlantic-gymnastics-championships>

<i>Policy Name</i> CODE OF ETHICS AND CONDUCT POLICY		<i>Date of Approval by GNS</i> 06/09/2019	<i>Activation Date</i> 09/01/2019
<i>Approved By</i> GNS Board of Directors	<i>Linking To</i> 1. Provincial / National Safe Sport Policy 2. Abuse, Maltreatment, and Discrimination Policy 3. Complaints and Discipline Policy 4. Screening Policy		<i>Replacing Previous Version</i> GNS Policy Manual – Appendix I (July 2019)
<i>Review Cycle</i> Reviewed annually by the Gymnastics Canada Chief Executive Officer with recommendations to the Board of Directors. Gymnastics Nova Scotia will review any recommended revisions by Gymnastics Canada.			

Confirmation of Compliance with the Code of Ethics and Conduct

The above commitments constitute Gymnastics Canada's and Gymnastics Nova Scotia's **Code of Ethics and Conduct Policy**. Every individual within the scope of this Policy will be expected to confirm their understanding of and intention to comply with the Gymnastics Canada and Gymnastics Nova Scotia **Code of Ethics and Conduct Policy**.

Registered Participant Declaration:

By signing this document, I _____ (name), agree to demonstrate the standards of this Code of Ethics and understand that any violation of this **Code of Ethics and Conduct Policy** is a very serious offence that may result in disciplinary and remedial action as per the Gymnastics Canada and Gymnastics Nova Scotia **Complaints and Discipline Policy**, including but not limited to written warnings, educational training, mediation, loss of privileges, termination of employment or contract, probation, suspension, or expulsion from membership. A violation may result in Gymnastics Nova Scotia and/or Gymnastics Canada contacting law enforcement officials or taking legal action where necessary.

I further understand and acknowledge that in order to conduct an investigation and render a decision, Gymnastics Nova Scotia and/or Gymnastics Canada may obtain and use personal information relating to registered participants as well as other parties involved in the investigation of the member. Where disciplinary action is undertaken as a result of a final report, Gymnastics Nova Scotia and Gymnastics Canada may, in its discretion, disclose the report findings to other amateur sport organizations or other organizations or institutions with a need to know the information or where required or permitted by applicable law.

Signature: _____ Date: _____

Parent or Guardian Declaration (where participant is under 18):

I, _____ (name), parent/guardian of _____ (participant name), declare that I have read and understand Gymnastics Canada's and Gymnastics Nova Scotia's **Code of Ethics and Conduct Policy** and have discussed the **Code of Ethics and Conduct Policy** with the participant in my care. I am confident that the participant in my care understands the **Code of Ethics and Conduct Policy** and agrees to abide by it.

Signature: _____ Date: _____



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



**ATLANTIC GYMNASTICS CHAMPIONSHIPS
PARTICIPANT'S INFORMED CONSENT FORM
(Under 18 Years Old)**

PLEASE READ CAREFULLY

Risk: I, _____, give my consent for my child _____
(Parent's Name) (Child's Name)

to participate in the 2020 Atlantic Gymnastics Championships in St. John's, NL. I understand and acknowledge that traveling to and from and participation in the 2020 Atlantic Gymnastics Championships may result in personal injury (including but not limited to: injury to internal organs, bones, joints, ligaments, muscles, tendons 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 give my son/daughter permission to participate in the 2020 Atlantic Gymnastics Championships.

Rules: I understand that the rules and regulations are designed for the safety and protection of participants and hereby agree to inform my son/daughter of the importance of abiding by the rules and regulations set down by the 2020 Atlantic Gymnastics Championships Organizing Committee and their province's Code of Conduct.

Media Release: I hereby grant Gymnastics Newfoundland & Labrador 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 my son/daughter taken during the 2020 Atlantic Gymnastics Championships or the purpose of media and provincial association promotion of the 2020 Atlantic Gymnastics Championships.

- I as the parent/guardian of the participant named herein, hereby declare that I have read, understood and agree to the contents of this Informed Consent in its entirety.
- I as the parent/guardian of the participant named herein, agree to assume full responsibility to instruct my child of the risks involved and to inform him/her of the importance of abiding by the rules and regulations.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Witness Name: _____

Witness Signature: _____ **Date:** _____