



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 : 18 and over

March 25, 2022

To: Parents of Potential 2022 Atlantic Team Members (age: under 18)
From: Angela Gallant, Executive Director
Michelle Pothier, Technical Director

Re: Atlantic Championships – Summerside, PEI

Saults Gymnastics Club in conjunction with Gymnastics PEI is very excited to be hosting the 2022 Atlantic Canadian Championships on April 29-30th at the new Credit Union Place multi-sports dome in Summerside, PEI. 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 Thursday, April 14th, 2022. 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 \$85 made payable to Gymnastics Nova Scotia (this can be postdated to April 25th). 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 to follow once received from host)**

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

The complete [GNS Code of Ethics and Conducts Policy](https://gymns.ca/policy-manuals) is also posted in Membership on the GNS website under Policy Manuals <https://gymns.ca/policy-manuals>. 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.

There is no team travel for Atlantics 2022 as the turnaround time between Provincials and Atlantics is too tight. All athletes are responsible for their own transportation and accommodation this year.

COST - 2022 Atlantics Registration - \$85.00

With no team travel, the only amount that needs to be sent to GNS with these forms is \$85

Suggested Accommodations -

Loyalist Country Inn & Conference Centre-

195 Heather Moyse Drive
Summerside, PE C1N 5R1
1-800-361-2668 or 902-435-3333

Rate: Starting at \$129 breakfast included

*Rooms available under **Gymnastics NS block** for April 28th- 30th. This remainder of this block will be released on April 21st.*

Quality Inn Summerside

618 Water St
Summerside, PE C1N 2V5
902-436-2295
Please call for availability

Hotel accommodations were initially very limited in Summerside during this weekend but it appears that there are more openings now due to another tournament being rescheduled.

Uniforms – Further information will be distributed on this as the event draws closer however the process may be a little different this year with such a tight turnaround time and the late release of the Atlantics dates due to Covid-19.

COVID-19

- 1. All athletes, coaches, judges and spectators must respect the PEI provincial public health guidelines (including close contact guidelines) in effect at the time of the meet. Please check this link for the most updated information.**
<https://www.princeedwardisland.ca/en/covid19>
Any additional masking, social-distancing or other restrictions set in place by the host club, Provincial Sport Organization or the facility must be respected at all times.
- 2. All athletes should assess their health in the days prior to the competition using the Health PEI Student Screening Questionnaire and plan to withdraw if they show any symptoms.**
- 3. If an athlete or coach experiences symptoms (see list of symptoms above) while at the competition, please notify the team coach, Team Manager, chaperone or Chef immediately and refrain from attending the competition/venue etc.**

In the event of conflicting public health guidelines between NS and PEI, GNS will defer to the most stringent public health restrictions for this meet.

Competition schedule:

A tentative competition schedule is attached and will also be 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 through clubs once it becomes available.

Website:

GNS will post all information, schedules and competition bulletins on the GNS website under Atlantics

Competition Venue -

**Credit Union Place – Multipurpose DOME
511 Notre Dame St. Summerside, PEI C1N 1T2**

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: Summerside, PEI

Event Date: April 29th-30th, 2022

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: _____



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

[GNS Code of Ethics and Conducts Policy](#) or at <https://gymns.ca/policy-manuals>

<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