



# GYMNASTICS NOVA SCOTIA

5516 Spring Garden Road, 4<sup>th</sup> floor, Halifax, NS B3J 1G6

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

Web page: [www.gymns.ca](http://www.gymns.ca)

e-mail: [gns@sportnovascotia.ca](mailto:gns@sportnovascotia.ca)

**To:** 2023 Canadian Trampoline Championships Team Members

**Age:** Over 18

**From:** Angela Gallant, Executive Director  
Michelle Pothier, Technical Director

**Re:** 2023 Canadian Trampoline Gymnastics Championships

**Date:** June 12, 2023



The 2023 Canadian Trampoline Gymnastics Championships will be hosted by Alberta Trampoline and Tumbling Sport Association, members, Alberta Gymnastics staff and volunteers from the gymnastics community in conjunction with Gymnastics Canada. The event will be held at the Universiade Pavilion Van Vilet Complex at the University of Alberta in Edmonton, AB from July 18<sup>th</sup> to July 23<sup>rd</sup>. Teams will be named based on the technical program regulations.

GNS clubs must return all the attached forms, fully completed, along with payment for each athlete, to Gymnastics Nova Scotia on or before **Friday, June 16<sup>th</sup>, 2023**.

## Forms and Payment Required:

- **Payment of \$ 921 for each athlete competing in one discipline, \$941 for athletes competing in 2 disciplines and \$961 for athletes competing in 3 disciplines** (this amount includes a \$500 GNS Athlete Support Subsidy from GNS Athlete's Fund) can be made by:
  - Cheque payable to **Gymnastics Nova Scotia** (*can be postdated to June 14th*).
  - E-transfer to [gns@sportnovascotia.ca](mailto:gns@sportnovascotia.ca) please note this on the forms and send prior to June 14th.
- **GNS Consent/Waiver Form** (1 form attached for appropriate age)
- **Canadians Host Consent/Waiver form** (1 form attached for appropriate age)
- **Confirmation of Compliance with GNS Code of Ethics and Conduct** (1 form attached)
- **GNS Medical form** (2-page form attached)
- **GymCan medical treatment form** (1 page form)
- **Accommodation Survey** (1 page form attached – optional)
- **Abuse Free Sport – OSIC form for Minors** (3 page form attached)

A breakdown of costs can be found below. The forms noted above are also available on the GNS webpage under Events

[→ Canadians](#)

## **\*Important**

Parents/Guardians submit completed forms and payment to a designated person in your club by \_\_\_\_\_. **GNS must receive forms for all eligible athletes as one complete package by the Friday, June 16<sup>th</sup>, or the club will be fined and may not be eligible for team selection.**

## 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 June 14<sup>th</sup>, 2023
- 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 July 11<sup>th</sup>, 2023.

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

## COST BREAKDOWN

- Registration Fee (\$180 + \$20 for each additional discipline)
- Flight fare (includes checked bag) (\$957)
- Cost share of rental vehicles (\$100)
- Accommodation only (does not include meals) - \$184 per person based on double occupancy

**Full fees for competing in 1 discipline: \$1421 - \$500 GNS Athlete Subsidy = \$921 \*please note that this amount does not include meals**

**Full fees for competing in 2 disciplines: \$1441 - \$500 GNS Athlete Subsidy = \$941 \*please note that this amount does not include meals**

**Full fees for competing in 3 disciplines: \$1461 - \$500 GNS Athlete Subsidy = \$961 \*please note that this amount does not include meals**

## FURTHER DETAILS OF COSTS

**2023 Canadians Registration fee** – \$180 per person, additional \$20 per additional discipline

**Transportation -** \$1057

Includes flight (\$957 – includes 1 checked bag) and ground transportation (\$100)

**Air** – The group will be flying with Air Canada, departing and returning on the following dates and flights.

<b>Depart</b> <b>18 July 2023</b>	<b>AC601 Halifax to Toronto</b> Depart Halifax - 5:15AM Atlantic Time Arrive Toronto – 6:39AM Eastern Time <b>AC161 Toronto to Edmonton</b> Depart Toronto – 7:40AM Eastern Time <b>Arrive Edmonton – 9:50AM Mountain Time</b>
<b>Return</b> <b>24 July 2023</b>	<b>AC178 Edmonton to Halifax</b> Depart Edmonton - 12:30AM Mountain Time Arrive Toronto - 6:06 AM Eastern Time (Jul 24 <sup>th</sup> ) <b>AC604 Toronto to Halifax</b> Depart Toronto - 8:25AM Eastern Time <b>Arrive Halifax – 11:32AM Atlantic Time</b>

**\*\* Proof of identification – Please ensure you have a passport, driver's license or a form of government issued picture ID showing full name and date of birth.** It is also recommended to bring a **photocopy** of official government identification such as a passport showing full name and date of birth.

**\*\* Check in & checked baggage.** All delegates will check in for their flights as a group at the airport **\*\*Please pack competitive suit or singlet in your carry on.** Delegates will need to make their own transportation arrangements to the airport for departure and upon arrival.

**Please arrive at the Halifax International airport by 4:00am on Tuesday, July 18<sup>th</sup>.**

**Ground Transportation** – \$100

Two minivans have been booked at the Edmonton International Airport through Enterprise. These will be used for emergencies, small outings, or shuttles to and from various areas when needed.

## **Delegates Accommodations – (\$184) *Does not include meals***

The NS delegation (with the possible exception of judges) will be staying on site at the University of Edmonton in residence directly across the street from the competition venue. This allows for a quick walk to the venue. Occupancy will be determined based on 2 twin beds per room.

- Coaches and GNS program committees will assign rooms.
- Coaches, Managers, and the Team head of delegation will be responsible for the athletes.
- **Inclusion and safety of all athletes are taken seriously. We aim to ensure that people are roomed with those with whom they feel comfortable and safe. We welcome anyone to provide any details, specifications, as well as suggestions about whom they feel most comfortable. This is particularly important if they do not identify as the same gender as those with whom it is safe for them to share space.**

### **Delegates Accommodations:**

#### **University of Alberta residences – further information TBA**

Please budget for 7 days of breakfast, lunch, dinner. The NS delegation will also discuss the option for a meal plan on campus and if it is decided to do this, the payment for the meal plan may also be sent to GNS (this is also TBD and you will receive further information).

### **Uniforms -**

**All athletes and coaches are required to wear the official GNS Track jacket with black pants. For competition**, all athletes are to wear the official uniform. Club coaches are responsible for ensuring that all gymnasts from their club are outfitted properly. New track jackets were ordered this year so all athletes should have received information on this through their club. If you have any questions, you are asked to contact Uniforms Director Susie Gallagher (susiegycoach@gmail.com) or the GNS office (gns@sportnovascotia.ca).

Payment for track jackets, bodysuits, 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.

### **Competition Schedule –**

A provisional competition schedule is included in the directives on the Gymnastics Canada webpage under “events”. The provisional schedule is in Appendix B of the GymCan Directive. This can also be viewed by linking through the GNS website: [GymCan Directive for Canadian Trampoline Championships](#)

### **Website:**

GNS will post all information, schedules and competition bulletins on the GNS website under [Canadian Trampoline Championships](#).

### **Competition Venue –**

Universiade Pavilion (Butterdome)

Van Vilet Complex

University of Alberta

114 Street and 87 Avenue

Edmonton, AB

<https://www.ualberta.ca/campus-community-recreation/facilities/north-campus/universiade-pavilion-butterdome.html>

Pay parking is available on campus and is \$6.50/hour at 3 lots directly adjacent to the Van Vilet Complex.

Further information will be distributed to team members as it becomes available. The Championships workplan information can be found by linking through the GNS website under Events and Canadians: T&T.



**GYMNASTICS CANADA**  
**RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT**  
**(FOR THOSE 18 YEARS OF AGE AND OLDER)**

**By signing this document you will waive certain legal rights, including the right to sue. Please read carefully.**

1. This is a binding legal agreement; therefore clarify any questions or concerns before signing. As a Participant in the programs, activities and events of Gymnastics Canada for the 2023 year, the undersigned acknowledges and agrees to the following terms:

**Disclaimer**

2. Gymnastics Canada and its directors, officers, committee members, members, employees, volunteers, participants, agents and representatives (collectively the "Organization") are not responsible for any injury, personal injury, damage, property damage, expense, loss of income or loss of any kind suffered by a Participant during, or as a result of, the sport of gymnastics and any program, activity or event of the Organization, caused in any manner whatsoever including, but not limited to, the negligence of the Organization.

*I have read and agree to be bound by paragraphs 1 and 2.*

**Description of Risks**

3. I am participating voluntarily in the sport of gymnastics and the activities, events and programs of the Organization. In consideration of my participation in the sport of gymnastics and the programs, activities and events of the Organization, I hereby acknowledge that I am aware of the risks, dangers and hazards associated with or related to the sport of gymnastics and the programs, activities and events of the Organization. The risks, dangers and hazards include, but are not limited to, injuries from:
- a) Executing strenuous and demanding physical skills in gymnastics;
  - b) Dryland training including weights, running and massage;
  - c) Vigorous physical exertion, rapid movements, quick turns and stops, and strenuous cardiovascular workouts;
  - d) Exerting and/or stretching various muscle groups;
  - e) Collisions with walls, any gymnastics apparatus, floors or mats;
  - f) Falling, tumbling or hitting any gymnastics apparatus, the floor, mats or other surfaces;
  - g) Physical contact with other participants (including spotters whose role is to enhance safety and learning);
  - h) Failure to properly use any of the gymnastics apparatus;
  - i) Failure to participate within one's abilities;
  - j) The mechanical failure of any of the gymnastics apparatus;
  - k) Spinal cord injuries which may render me permanently paralyzed; and/or
  - l) Travel to and from competitive events and associated non-competitive events which are an integral part of the Organization's activities.

**4. Furthermore, I am aware:**

- a) That injuries sustained can be severe;
- b) That I may experience anxiety while challenging myself during the activities, events and programs;
- c) That my risk of injury is reduced if I follow all rules established for participation; and
- d) That my risk of injury increases as I become fatigued.

**Release of Liability**

5. In consideration of the Organization allowing me to participate, I agree:
- a) That my physical condition has been verified by a medical doctor to participate in the sport of gymnastics and in the activities, events and programs of the Organization;
  - b) To assume all risks arising out of, associated with or related to my participation;
  - c) To waive any and all claims that I may have now or in the future against the Organization;
  - d) To freely accept and fully assume all such risks and possibility of personal injury, death, property damage, expense and related loss, including loss of income, resulting from my participation in the activities, events and programs of the Organization; and
  - e) To forever release the Organization from any and all liability for any and all claims, demands, actions and costs that might arise out of my participation in the activities, events and programs of the Organization, due to any cause whatsoever, even though such risks, injuries, loss, damage, claims, demands, actions or costs may have been caused by the negligence or breach of any duty of care of the Organization.

*I have read and agree to be bound by paragraphs 3 -5.*

**Acknowledgement**

6. I acknowledge that I have read this agreement and understand it, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators and representatives.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date



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

## Confirmation of Compliance with the Code of Ethics and Conduct

<i>Policy Name</i> <b>CODE OF ETHICS AND CONDUCT POLICY</b>		<i>Date of Approval by GNS</i> <b>06/09/2019</b>	<i>Activation Date</i> <b>09/01/2019</b>
<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.			

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:**

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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? \_\_\_\_\_

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

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

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Do you carry an EpiPen/Allerject Epinephrine Device? \_\_\_\_\_ 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



## CONSENT FOR EMERGENCY MEDICAL TREATMENT

I, \_\_\_\_\_, and if applicable the parent/legal guardian of  
(Please Print)

\_\_\_\_\_, give permission to the officials of Gymnastics Canada to make decisions concerning medical care and treatment and where necessary to authorize such care and treatment in emergency situations for the \_\_\_\_\_ competition year.

I understand that the officials of Gymnastics Canada will make every reasonable effort, in the circumstances, to contact the Emergency Contacts regarding my or my child's/ward's medical status in the event an emergency arises.

In the event that the Emergency Contact cannot be reached in an emergency, I hereby give my permission to the licensed physician, dentist, athletic therapist, nurse or other medical professional, whose services might be required, to provide medical care and treatment.

By signing here, I indicate that I have the understanding and capacity to communicate health care directives for my child/ward, and that I am fully informed as to the contents of this document.

Dated: \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Athlete signature

Dated: \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Parent/Guardian signature

## ACCOMMODATION SURVEY (Optional)

*Inclusion and safety of all athletes are taken seriously. We aim to ensure that people are roomed with those with whom they feel comfortable and safe. We welcome anyone to provide any details, specifications, as well as suggestions about whom they feel most comfortable. This is particularly important if they do not identify as the same gender as those with whom it is safe for them to share space.*

### Q1: Does the participant have a preferred roommate?

Yes (Provide name: ) \_\_\_\_\_

→ What's your relationship with this person? \_\_\_\_\_

No

### Q2: Does the participant have any rituals or habits that would impact your roommate?

Yes (Please specify: ) \_\_\_\_\_

No

### Q3: Is there anything that the coaching staff and chaperones need to know about the participant in order to ensure that they feel safe and comfortable in their hotel room?

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- need to room with someone of the same gender identity
- need to room with someone specific because they feel safer with them
- need to room with a sibling/related family member, etc.

*If you need more room, have more information you wish to communicate, please contact GNS staff or your team coach directly. Suggestions and requests will be held in the strictest confidence and neither forms or communication are kept after the event.*



# abuse-free sport

Office of the Sport  
Integrity Commissioner

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## Universal Code of Conduct to Prevent and Address Maltreatment in Sport Consent Form **(18+)**

### 2023 Canadian Trampoline Gymnastics Championships (July 18-23<sup>rd</sup>, 2023) Required for all non-National Team athletes

I hereby consent to the following terms regarding the administration and enforcement of the [Universal Code of Conduct to Prevent and Address Maltreatment in Sport](#) (the "UCCMS"), and the collection, use and disclosure of my personal information in relation to the administration and enforcement of the UCCMS as detailed herein.

The purpose of the UCCMS is to advance a respectful sport culture that delivers quality, inclusive, accessible, welcoming and safe sport experiences. Individuals should have the reasonable expectation when they participate in sport in Canada that it will be in an environment that is free from all forms of *Maltreatment* (as such term is defined in the UCCMS) and that treats every individual with dignity and respect.

The Sport Dispute Resolution Centre of Canada ("SDRCC") is created by the *Physical Activity and Sport Act (Canada)* (the "Legislation"). The Government of Canada has mandated the SDRCC to implement the administration and enforcement mechanism of the UCCMS at the national level.

1. I am subject to the terms of the UCCMS. I will be subject to the terms of the UCCMS for the duration of time that I participates in the **2023 Trampoline Gymnastics National Championships (the "Event")**.
2. I acknowledge that Gymnastics Canada (the "NSO") has provided me with a copy of the UCCMS (available at <https://sportintegritycommissioner.ca/uccms>), and that I have had an opportunity to review the UCCMS.
3. I am subject to the jurisdiction of the NSO, the SDRCC and their respective agents in the administration and/or enforcement of the UCCMS. I am subject to such jurisdiction during the period that I participates in the Event, or for such longer period as required for purposes of administration and enforcement of the UCCMS in relation to my participation in the Event.
4. If a complaint is made under the UCCMS in relation to me participation in the Event, the NSO, the SDRCC and their respective agents will receive, process and adjudicate such complaint. For purposes of receiving, processing and adjudicating such complaint, the NSO, the SDRCC and their respective agents may collect, use and disclose information collected from me, and/or about me, including but not limited to the following:
  - a. allegations, evidence or information provided by a complainant;
  - b. allegations, evidence or information from third parties or other available sources; and/or
  - c. any response, statement or evidence that I provide.

5. For purposes of processing and/or investigating a complaint under the UCCMS in relation to me, the NSO, the SDRCC and their respective agents may disclose information relating to such complaint to individuals who are deemed relevant to the investigation.
6. If a complaint is made under the UCCMS in relation to another individual or a sports organization or enterprise, the NSO, the SDRCC and their respective agents may collect information from or about me as it relates to the receipt, processing and adjudication of such complaint.
7. In connection with a complaint against me under the UCCMS, the SDRCC may disclose the following information about me on a registry (the "**Registry**") for purposes of carrying out the objectives of the UCCMS and the Legislation, and the mandate of the SDRCC.
  - a. my full name;
  - b. organization(s) with which I am or have been affiliated;
  - c. other sports organizations or enterprises with which I am or have been affiliated;
  - d. any other relevant information necessary to identify me;
  - e. nature of the allegations against me including the specific acts alleged to constitute a violation of the UCCMS;
  - f. relevant dates corresponding to the complaint;
  - g. findings against me, if any;
  - h. disciplinary action taken against or in relation to me arising from such complaint, if any; and/or
  - i. the dismissal of any complaint made against me.
8. Subject to applicable laws, the SDRCC may disclose the information on the Registry (i) to any person and (ii) for any such period of time, that is necessary to achieve the objectives of the UCCMS and the Legislation, and the mandate of the SDRCC.
9. The SDRCC may disclose information in relation to a complaint against me (as described herein) on the Registry prior to the adjudication of such complaint to the extent the SDRCC deems it necessary to do so in order to carry out the objectives of the UCCMS and the Legislation, and the mandate of the SDRCC. The SDRCC may also disclose the information about me (as described herein) on the Registry following an initial or final adjudication of a complaint against me.
10. I cannot withdraw my consent provided herein to the collection, use and disclosure of my personal information as detailed herein. I understand and accept that to permit a withdrawal of consent would frustrate the performance of the SDRCC's legal obligations under the UCCMS and the Legislation, and pursuant to its mandate, and would frustrate the purpose of the UCCMS.
11. The SDRCC may publish decisions rendered following adjudication of a complaint under the UCCMS.
12. I cannot bring any proceeding or make any complaint against the SDRCC or their respective agents in connection with the collection, use or disclosure of my personal information as contemplated herein.
13. I further agree that no SDRCC director, staff member, professional, principal, assign, agent, representative, administrator, independent investigator, adjudicator, panel member, expert or dispute resolution professional is a compellable witness in any court or administrative proceeding, including other SDRCC proceedings, with respect to any the services provided by them in the administration and enforcement of the UCCMS, and none of the parties shall subpoena or demand the production of any notes, records or documents prepared by the SDRCC or the Office of the Sport Integrity Commissioner in the course of proceedings arising from the administration and enforcement of the UCCMS, regardless of their form or medium.

14. If I have any questions regarding the collection, use or disclosure of my information as described herein, I can contact the Office of the Sport Integrity Commissioner at [info@osic-bcis.ca](mailto:info@osic-bcis.ca).

15. I understand and agree the terms set out herein and I have had the opportunity to seek independent legal advice before executing this agreement. I freely consent to the terms set out herein.

**Name:** \_\_\_\_\_

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

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