



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

Date: March 7, 2025

To: Parents of Potential 2025 Eastern Team Members (**Age: 18 & Over**)

From: Angela Gallant, Executive Director
Sherry Watters, Program Director

Re: **2025 Eastern Canadian Championships–Oshawa, ON**

Gymnastics Ontario in partnership with the Osborne Academy of Acrobatics Inc. and the Organizing Committee is excited to be hosting the 2025 Eastern Canadian Championships from May 8-12, 2025 at Durham College's Campus Recreation and Wellness Centre in Oshawa, ON.

Nova Scotia teams will be announced following competition at the NS Provincial Championships, based on the Women's, Men's and Trampoline 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 28th, 2025. 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.

There is no team travel again for 2025 Provincial team events and all athletes are responsible for their own transportation and accommodation again this year. Some clubs might be doing club travel and if this is the case, your club will provide you with further information.

Forms and Payment Required:

- **3 payment amount options to GNS included below** – please refer to your club for your option
For payments,
 - a cheque made payable to Gymnastics Nova Scotia (this can be postdated to April 7th).
 - E-transfer to gns@sportnovascotia.ca is a preferred 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.
- **Option#1** - for clubs that are not doing club travel and therefore do not have the residence option, the payment amount to GNS is **\$255.27 (\$225.90 plus 13% HST)**
- **Option#2** - For clubs that might be doing club travel and are staying in residence for 3 nights, the payment amount to GNS is **\$648.05** is required (arriving Friday, May 9th and departing Monday, May 12th).
- **Option#3** - For clubs that might be doing club travel and are staying in residence for 4 nights, the payment amount to GNS is **\$793.82** is required (arriving Thursday, May 8th and departing Monday, May 12th).
- **GNS 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 release form** (1 page form attached)
- **Gymnastics Canada Assumption of Risk Form** (1 form attached)

These forms are also available on the GNS webpage under Events then Easterns.

The complete [GNS Code of Ethics and Conducts Policy](#) 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.

COST - 2025 Easterns Registration and Banquet fee - \$255.27 (\$225.90 plus 13% Ontario HST)
If your club is not doing club travel and staying in residence, this is the only amount that needs to be sent to GNS with these forms. This includes a \$150 registration fee and a mandatory \$75.90 Fun Night Out fee.

Suggested Accommodations for those GNS clubs not doing club travel -

There are limited rooms at each hotel; all options are first-come-first-serve.
Check-in date is Thursday, May 8, 2025 and check-out date is Monday, May 12, 2025 at all locations.

1) Courtyard Marriott Oshawa - 1011 Bloor St E, Oshawa, ON
\$189 plus taxes per night. Breakfast included. Last day to book: *Tuesday, April 8, 2025*
[Click here to book your accommodations at Courtyard Oshawa](#)

2) Holiday Inn Express & Suites Oshawa - 67 Simcoe Street North, Oshawa, ON
\$200 plus taxes per night. Breakfast included. Last day to book: *Tuesday, April 8, 2025*
[Click here to book your accommodations at Holiday Inn Express Oshawa](#)
Update dates to May 8 to 12, 2025, use Group Code "OAA"
Or make your reservations by phone at 905-434-3666.
Quote dates May 8 to 12, 2025 and Group Code "OAA"

3) Quality Suites – 1700 Champlain Avenue, Whitby, ON
\$200 plus taxes per night. Breakfast included. Last day to book: *Monday, April 7, 2025*
[Click here to book your accommodations at Quality Suites](#)

Other hotel options:

- La Quinta Inn & Suites by Wyndham Oshawa - 63 King St E, Oshawa, ON L1H 1B4
- Best Western Plus Durham Hotel & Conf. Centre - 559 Bloor St W, Oshawa, ON L1J 5Y6
- Travelodge by Wyndham Oshawa Whitby - 940 Champlain Ave, Oshawa, ON L1J 7A6
- TownePlace Suites by Marriott Oshawa - 1011 Bloor St E, Oshawa, ON L1H 7K6
- Comfort Inn - 605 Bloor St W, Oshawa, ON L1J 5Y6

Suggested Meal Package Accommodations for GNS clubs doing club travel -

The Delegation Package is not required but for clubs using this option, all participants must be registered by Gymnastics Nova Scotia including residence accommodations, meal plans, and Fun Night Out. Rooming lists will be communicated to the delegates by each province.

Meal & Accommodation Packages

3-day package \$347.59+HST (\$392.78)

Includes 3-nights stay at Durham College Residence, checking in on Friday, May 9 at 3:00 PM and checking out on Monday, May 12. Meals included from Friday dinner to Monday Breakfast, with the exception of Sunday dinner, that will be included with cost of the Fun Night Out registration.

4-day package \$476.59+HST (\$538.55)

Includes 4-nights stay at Durham College Residence, checking in on Thursday, May 8 at 3:00 PM and checking out on Monday, May 12. Meals included from Thursday dinner to Monday breakfast, with the exception of Sunday dinner that will be included with cost of the Fun Night Out registration.

Uniforms – Clubs will receive information regarding the team suits for women’s artistic gymnastics, men’s artistic gymnastics and trampoline gymnastics. All will be using the same suit as last year for Easterns. The GNS Nike track jackets that were used the last 2 years will also be used again this year. If your athlete requires one of these, please let your club know as soon as possible.

Provisional schedule:

Thursday, May 8	Arrival of delegation Check into accommodations
Friday, May 9	Team training Opening ceremony Competition begins
Saturday, May 10	Competition and awards
Sunday, May 11	Competition and awards Fun Night Out
Monday, May 12	Departure of delegation

Once a tentative competition schedule is received, it will be sent to clubs and posted on the GNS webpage but please remember that this is tentative unless otherwise indicated. **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 Easterns.

Competition Site -

**Campus Recreation and Wellness Centre
Ontario Tech University / Durham College, Oshawa
Address: 21 Avenue of Champions, Oshawa, ON, L1G 8C4
Telephone: 905-721-3040**

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



Gymnastics Nova Scotia

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

Event: Eastern Canadian Gymnastics Championships

Event Location: Oshawa, ON T-Shirt size _____

Event Date: May 8 - 12th, 2025 GNS Club: _____

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](https://gymns.ca/policy-manuals) or under <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? _ Y _ N

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

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

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

WARNING!

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