



2016 Atlantic Gymnastics Championships
April 22-23, 2016
St. John's, Newfoundland & Labrador

Bulletin # March 2016

Dates: Thursday April 21th: Equipment Set Up
Team Arrival
Friday, April 22th: Technical Meetings
Competition
Saturday, April 23th: Competition

Meet Directors: Karen Gosse / Denise May

Venue: Men's & Women's Artistic **Sportsplex**
Gymnastics Crosbie Road
St. John's, NL

Equipment: Men's & Women's Artistic Speith Anderson

Registration: Athletes: \$85.00
Coaches/Mangers: \$85.00
1 Complementary Chef de Mission/Representative per Province

**** Due April 6, 2016**

Ground Transportation: **Ground Transportation is the responsibility of each province. Local Bussing Companies**

Parsons & Son's – 1-709-744-3300

Eastern Bus Lines – 1-709-335-2352

Accommodations:

Provincial Teams Host Hotel Accommodations: Holiday Inn
Portugal Cove Road
St. John', NL
709-722-0506
Rate: \$149.00

A total of 75 rooms have been blocked consisting of 70 doubles and 5 with king bed. No individual booking permitted; team blocks only.

Friends & Family Accommodations:

Ramada St. John's	Fairfield Inn & Suites
102 Kenmount Road	199 Kenmount Road
St. John's, NL	St. John's, NL
722-9330	1-855-823-6346
Rate: \$140.00	Rate: \$154.00
	(Includes hot breakfast)



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Medical and Waiver Forms:

Medical and waiver forms are required for all athletes, coaches, judges and delegates. All forms are to be returned with the registration form. Cheques are payable to Gymnastics Newfoundland & Labrador. Deadline for all completed registration packages is **Wednesday April 6, 2016.**

Technical Meeting:

The Technical meeting will be held at The Holiday Inn at 7: p.m. on Thursday, April 21, 2016

Judge and Coach Meals:

All judges' meals will be served in the Swilers Complex located next to the Sportsplex Please indicate on the registration form if any of the judges have food allergies or dietary restrictions.

There will be a coaches room located main floor of the venue where coaches can avail of tea, coffee, juice and light snacks during the competition.

Chief Judges: WAG – Allison Kirby
 MAG – TBA

Athlete Meals:

There will be canteen services available at the venue serving both hot and cold snacks

Athlete Banquet:

The Athlete Banquet will be held Saturday April 23th at Axtion . Two chaperones per province are requested to attend the entire banquet. Athletes must show their accreditations to enter the banquet. ((Times are tentative and will be confirmed once schedule is finalized)

Judges & Coaches Social:

Jungle Jim's, George St. @ 8:00 p.m. Accreditation is required.

Medical Services:

An Emergency Medical Technician, together with a qualified Physio Therapist will be in attendance during all competitive sessions.

Opening Ceremonies:

Opening ceremonies will take place immediately preceding the start of the second session.



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Spectator Admission Costs:

	Day Pass	Weekend Pass
Adult	\$10.00	\$15.00
Student (6-16)	\$ 5.00	\$ 8.00
Family Pass (2A/2C)	\$20.00	\$30.00

Live Stream:

Bell Aliant will be live streaming this event. The link is <http://tv1.ca/3kk8sp4>



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Atlantics 2016 – Tentative Schedule

Friday April 22, 2016

- Session 1 WAG Level 6 Tyro & Novice (48)
 MAG Level 1 U10 & Level 2 (22)
 7:30-7:50 Warm-Up
 7:50-10:50 Competition
 10:50-11:10 Opening Ceremonies (March-In for Session 1 & 2 Athletes)
 11:15-11:45 Awards
- Session 2 WAG Level 6 Argo & Open + Level 8 Tyro (25)
 MAG Level 3 U13 (15)
 11:10-11:30 Warm-Up
 11:30-2:30 Competition
 2:30-3:00 Awards
- Session 3 WAG Level 8 Novice & Open + Level 10 (24)
 MAG Level 3 13+ & Level 4 U13 (17)
 2:30-2:50 Warm-Up
 2:50-3:00 March-In
 3:00-5:30 Competition
 5:30-6:00 Awards
- Session 4 WAG Level 7 Open + Level 9 (27)
 MAG Level 4 13+, Level 5, Elite & Open (24)
 5:30-5:50 Warm-Up
 5:50-6:00 March-In
 6:00-8:30 Competition
 8:30-9:00 Awards

Saturday April 23, 2016

- Session 5 WAG Level 7 Argo, Tyro & Novice (46)
 7:30-7:50 Warm-Up
 7:50-8:00 March-In
 8:00-11:00 Competition
 11:00-11:30 Awards
- Session 6 WAG Level 5 + Aspire (40)
 MAG Level 1 U12 & 12+ (21)
 11:00-11:20 Warm-Up
 11:20-11:30 March-In
 11:30-2:30 Competition
 2:30-3:00 Awards



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ATLANTIC GYMNASTICS CHAMPIONSHIPS
PARTICIPANT'S INFORMED CONSENT & WAIVER FORM
(18 years & Over)
PLEASE READ CAREFULLY

Risk:

I, the undersigned understand and acknowledge that traveling to and from and participation in the 2016 Atlantic Gymnastics Championships 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 in the 2016 Atlantic Gymnastics Championships 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 2016 Atlantic Gymnastics Championships Organizing Committee. Media Release: I hereby grant to Gymnastics Newfoundland & Labrador Inc. 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 2016 Atlantic Gymnastics Championships for the purpose of media and provincial association promotion of the 2016 Atlantic Gymnastics Championships.

Liability: In consideration of your acceptance of my entry in the 2016 Atlantic Gymnastics Championships, I, intending to be legally bound, agree to RELEASE, SAVE HARMLESS AND INDEMNIFY Gymnastics Newfoundland & Labrador Inc., 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 Newfoundland & Labrador Inc., 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 Newfoundland & Labrador Inc., 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 : _____

Participant's Signature: _____ **Date:** _____

Witness Name Witness Signature: _____ **Date:** _____



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2016 ATLANTIC GYMNASTICS CHAMPIONSHIPS
GYMNASTICS EVENT MEDICAL RECORD & MEDICAL CONSENT FORM FOR
PARTICIPANTS

Participant's Name: _____ Prov/Terr: _____

Address: _____

Parent's Telephone: Home: _____ Business: _____

Emergency Telephone: _____

Participants under 18

I, _____ give permission for emergency medical/surgical care

(Parent or Guardian)

to be given by Canadian local practitioners / physicians as they see fit to select, to: _____ who is my son/daughter. It is understood that

(athlete)

wherever possible I shall be contacted, informed of the problem, diagnosis, treatment required and the hoped for result.

Date: _____ Location: _____

Signed: _____ Relationship: _____

Signed: _____ Relationship: _____

MEDICAL INFORMATION FORM

Name: _____ Birth date: Day _____ Month _____ Year _____

Health Insurance N°: _____ Next of Kin: _____ Relationship: _____

Address: _____ Phone N°: _____

MEDICAL ALERT

Medications currently being taken: _____

Blood Type ☐ Contacts ☐ Asthma ☐ Diabetes ☐ Allergies ☐ Epilepsy ☐ Hearing Aid ☐
☐ Abnormal Heart ☐ Dentures ☐ Rheumatic Fever ☐

History of Concussion: _____

General History: _____

Operations: _____

Illness: _____

Other relevant information: _____

Parts Taped: _____ Parts Braced _____



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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 2016 Atlantic Gymnastics Championships. in St. John's, NL. I understand and acknowledge that traveling to and from and participation in the 2012 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 2016 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 2016 Atlantic Gymnastics Championships Organizing Committee and their provinces 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 2016 Atlantic Gymnastics Championships or the purpose of media and provincial association promotion of the 2016 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:** _____