



GYMNASTICS NOVA SCOTIA

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Age : Under 18

To: Parents of Potential 2018 Atlantic Team Members

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

Re: Atlantic Championships – Summerside, PEI

Date: March 8, 2018

The Saultos Gymnastics Club and Gymnastics PEI will be hosting the 2018 Atlantic Canadian Championships on April 20th and 21st at the **Credit Union Place** 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, March 29th, 2018. 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 **\$360.00** made payable to **Gymnastics Nova Scotia** (this can be postdated to April 9th)
- **GNS Consent/Waiver Form** (1 form attached for appropriate age)
- **GNS Medical form** (2 page form attached)
- **Fair Play Form** (1 form attached)
- **Host Consent/Waiver form** (1 form attached for appropriate age)

The above forms are also available on the GNS webpage under Events then Atlantics. **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 will receive a fine from GNS.

Registration -

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

Transportation -

\$145 per person – includes travel to Summerside and transportation while at the event. The Gymnastics Nova Scotia group will travel via Ambassatours Bus lines and will depart the Metro Halifax area on the morning of Thursday, April 19th and return by mid-afternoon on Sunday, April 22nd. Actual times and the pickup location will be communicated as the event gets closer. The delegation will also have 2 minivans rented through Enterprise for smaller trips.

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Accommodations -

\$90.00 per athlete – The group will be staying at the **Slemon Park Hotel and Conference Center** (12 Redwood Ave, Slemon Park, Summerside, PEI). Rooms have been booked for athletes, coaches and judges for Thursday, Friday and Saturday 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.

Hotel information for family and friends in the Summerside area include:

- The Loyalist Country Inn/Lakeview Resort (ph#902-436-3333)
- Quality Inn (Ph# 902-436-2295)
- Causeway Bay (Ph# 1-800-565-7829)

When booking, please reference Atlantic Gymnastics Championships.

Cost Share Amount -

\$40.00 * – this amount helps fund the expenses of the team coaches, judges and support staff.
*This is a \$10 reduction this year due to available funds from the GNS Excellency Fund.

Meals -

Meal cost is the responsibility of the individual. Please budget for the following meals:

Thursday – lunch, supper and snacks

Friday – breakfast, lunch, supper and snacks

Saturday – breakfast, lunch, supper and snacks

Sunday – breakfast, lunch and snacks for the drive back

Uniforms -

All athletes and coaches are required to wear the official GNS Track jacket with black pants. For competition, girls are to have the new 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 bodysuits were ordered this year so all potential female athletes should have ordered 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, boy's 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 trackjackets, singlets, shorts and pants will be relayed to your club once they arrive.

Competition schedule:

A tentative competition schedule will be distributed and posted on the GNS webpage once I receive it. Please note that the tentative schedule may change once final registrations are received by the host. 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/atlantic-gymnastics-championships-3>

Competition Venue -

Credit Union Place

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 (under 18)

Event: Atlantic Canadian Gymnastics Championships

Event Location: Summerside, PEI

Event Date: April 19-22nd, 2018

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: _____



GNS Fair Play Contract

I, as an ambassador and representative for the province of Nova Scotia, shall abide by the spirit and guidelines of the Fair Play Codes for participants.

Participant Guidelines

Our Fair Play Code

Respect at all times for participants, coaches, officials, teammates, spectators, opponents, administrators and volunteers.

Sportsmanship prior to, during and following the activity; demonstrating modesty in victory and composure in defeat.

Knowledge of all rules, whether written or unwritten, and following the spirit of those rules.

Access for all to participate, regardless of age, gender, race or skill level.

Participation in a manner that demonstrates more than just the desire to win. Having fun, making friends, improving skills and performing your personal best must be just as important when participating.

Participant Name

Date

Participant Signature

Parent/Guardian Signature (if under 18)



2018 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 2018 Atlantic Gymnastics Championships in Summerside, PEI. I understand and acknowledge that traveling to and from and participation in the 2018 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 2018 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 Saultos Gymnastics Club and their provinces code of conduct.

Media Release: I hereby grant Gymnastic PEI 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 2018 Atlantic Gymnastics Championships for the purpose of media and provincial association promotion of the 2018 Atlantic Gymnastics Championships.

Liability: In consideration of your acceptance of my entry in the 2018 Atlantic Gymnastics Championships, I, intending to be legally bound, agree to RELEASE, SAVE HARMLESS AND INDEMNIFY Gymnastics PEI, 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 Gymnastic PEI, 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 PEI, 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:** _____



MEDICAL HISTORY
COMPLETE ONE PER ATHLETE – 2 PAGE FORM

1. ATHLETE'S NAME: _____ DATE: _____

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