



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

To: 2025 Canadian Championships Team Members
Age: 18 & Over

From: Angela Gallant, Executive Director
David Brown, Coach Development Director
Sherry Watters, Program Director

Re: 2025 Canadian Gymnastics Championships

Date: April 22, 2025



The 2025 Canadian Gymnastics Championships will be hosted by the Alberta Gymnastics Federation in conjunction with Gymnastics Canada. The event will be held in Calgary from May 26th to May 30th at the Olympic Oval. Teams will be named based on the technical program regulations.

GNS clubs must return all the attached forms, fully completed, for each athlete, to Gymnastics Nova Scotia on or before **Wednesday, April 30th, 2025**.

Important:

Parents/Guardians submit completed forms and payment (if applicable) to a designated person in your club by _____. **GNS must receive forms for all eligible athletes as one complete package by Wednesday, April 30th or the club will be fined and your athlete may not be eligible for team selection.**

Forms and Payment:

GNS has a **Canadians Athlete Support Subsidy*** for Nova Scotia athletes. The amount of the subsidy this year is **\$200 for each athlete from Team NS that falls within the parameters of the Canadians Athlete Support Subsidy criteria (as shown on the bottom of page 3)**. This amount will cover most of the registration fee for each athlete that meets this criteria.

The registration fee for Canadians is at follows:

- \$290 for MAG, WAG and TG

For Canadians athletes from Team NS that fall within the parameters of the Canadians Athlete Support Subsidy criteria , a cheque or payment of \$90 will need to be provided to GNS for registration as the subsidy will only cover part of the registration.

For anyone that does not fall within the parameters of the Canadians Athlete Support Fund, please provide payment of \$290 for MAG, WAG and TG athletes for Canadians registration. Please provide payments in either form below:

- **Cheque** payable to **Gymnastics Nova Scotia** (*can be postdated to April 30th*).
- **E-transfer** to gns@sportnovascotia.ca please note this on the forms. The EFT must be received by April 30th. Please clearly indicate the athletes name in the Message box of the etransfer.

The following forms are required to be completed:

- **GNS Consent/Waiver Form** (1 form attached for appropriate age)
- **Confirmation of Compliance with GNS Code of Ethics and Conduct** (1 form attached)
- **Canadians Informed Consent and Assumption of Risk Waiver form** (1 form attached for age)
- **GNS Medical form** (2-page form attached)
- **GymCan Emergency Medical treatment form** (1 page form)
- **GymCan Media Release form** (1 page form – **this is not currently attached as I'm still trying to get a copy of it and clarification as to whether it is needed.** I will send to clubs if required)

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

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 (if applicable) 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 (if applicable) by April 30th, the club will be fined and your athlete 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 Canadians 2025 and all athletes are responsible for their own transportation and accommodation this year. Some clubs might be doing club travel and if this is the case, your club will provide you with 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. The track jackets that have been in place for the last 2 years are continuing to be used. All potential athletes should have received further information on this through their club. If you have any questions, you are asked to contact Uniforms Director Susie Gallagher (susiegymcoach@gmail.com) or the GNS Program Director, Sherry Watters (gnsprograms@sportnovascotia.ca).

Payment for track jackets, bodysuits, singlets, pants and shorts will be made to your club and your club will provide payment to GNS. 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 pages 10-12 in the GymCan Directive. This can also be viewed by linking through the GNS website: [GymCan Directive for Canadian Championships](#)

Website:

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

Competition Venues –

Olympic Oval

University of Calgary
2500 University Drive NW
Calgary AB T2N 1N4

Paid parking is available at the venue. For more information on the various lots and pricing, please refer online [here](#). The most ideal lots to park in will be Lot 10 & 11.

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.

*** *Canadians Athlete Support Subsidy –***

To be eligible for the Canadians Athlete Support Subsidy offered through GNS, an athlete must meet the following 3 criteria:

- *athlete must reside in Nova Scotia*
- *athlete must have trained at a GNS club for a minimum of 6 months including the time leading up to the Canadian Championships*
- *athlete must have represented Nova Scotia or a Nova Scotia club at Elite Canada or a similar meet*



Gymnastics Nova Scotia
Participant's Informed Consent Form (18 & over)

Event: Canadian Gymnastics Championships

Event Location: Calgary, Alberta

Event Date: May 25th-31st, 2025

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: _____

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 2025 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 participant 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

<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: _____

- 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/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 _____

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