



# 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:** 2025 Canadian Championships Team Members  
**Age:** Under 18

**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 26<sup>th</sup> to May 30<sup>th</sup> 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 30<sup>th</sup>, 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 30<sup>th</sup> 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 as 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 30<sup>th</sup>*).
- **E-transfer** to [gns@sportnovascotia.ca](mailto:gns@sportnovascotia.ca) please note this on the forms. The EFT must be received by April 30<sup>th</sup>. 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 30<sup>th</sup>, 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](mailto:susiegymcoach@gmail.com)) or the GNS Program Director, Sherry Watters ([gnsprograms@sportnovascotia.ca](mailto: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 CANADA**  
**INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT**  
**(FOR THOSE UNDER THE AGE OF MAJORITY)**

**WARNING!**

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

Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. This is a binding legal agreement; therefore clarify any questions or concerns **before** signing. As a Participant in the sport of gymnastics and the programs, activities and events of Gymnastics Canada for the **2025** year, the undersigned, being the Participant and/or the Parent/Guardian of the Participant (collectively the "Parties") 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, any program, activity or event of the Organization, caused by the risks, dangers and hazards associated with the programs, activities and events of the Organization.

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

**Description of Risks**

3. The Participant is 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, the Parties hereby acknowledge that they are 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 and may be exposed to such risks, dangers and hazards. 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, the Parties are aware:

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

**Release of Liability**

5. In consideration of the Organization allowing the Participant to participate, the Parties agree:

- a) That the Participant's physical condition has been verified by a medical doctor to participate in the sport of gymnastics and the activities, events and programs of the Organization;
- b) To freely accept and fully assume all such risks, dangers and hazards and possibility of personal injury, death, property damage, expense and related loss, including loss of income, resulting from my participation in such activities, events and programs;
- c) To forever release the Organization from any and all liability for any and all claims, demands, actions and costs that might arise out of the Participant's participation in the activities, events and programs of the Organization.

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

**Acknowledgement**

6. The Parties acknowledge that they have read this agreement and understand it, that they have executed this agreement voluntarily, and that this agreement is to be binding upon themselves, their heirs, executors, administrators and representatives.

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

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



# GYMNASTICS NOVA SCOTIA

5516 Spring Garden Road, Halifax, NS B3J 1G6

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

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

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

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

<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.			

## 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?

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/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

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

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