



**2013-2014 TOUR
ALBERTA ACROBATIC GYMNASTICS COMPETITION
CALGARY, ALBERTA**

BULLETIN #2

*all information in Bulletin #2 is subject to change

GENERAL INFORMATION

All travelling team members will be required to purchase the G.O. tracksuit if members do not already have one. The tracksuit is the same as the 2012-2013 tracksuit.

COMPETITION: Alberta Acrobatics Gymnastics Competition

DATES: April 17th to April 21st, 2014

COMPETITION VENUE: **Gymtastics Gym Club**
Suite 160 – 7260 12 Street S.E.
Calgary, Alberta
T2H 2X8

Parking: Parking on site

SELECTION: The Ontario Acrobatic Gymnastics Tour Team will consist of the top scoring Pair or Group from

- Level 5 (1 pair/group)
- Level 6 (1 pair/group)
- Level 7 (1 pair/group)
- Youth Level and Age Group Out of Age Pairs/Groups (Over or Under) (1 pair/group)

This will create a Gymnastics Ontario Tour Team of 4(four) partnerships or groups.

- Scores from WP, MP, MxP, WG and MG will be compared in each of the four levels, e.g. the top scoring Level 5 of any pair/group will be invited to be part of the Ontario Tour Team. This is the same for Level 6 and Level 7.
- The Youth Level and Age Group levels (11-16, 12-18, 13-19) who are Out of Age (Over or Under) are combined into one grouping for this selection event. The levels will compete against each other for the one additional spot on the team. As per FIG Finals rules the scores will be taken from the combined routine for the 12-18 (Out of Age Over or Under in Ontario) and 13-19 category (Out of Age Over or Under in Ontario). If a pair or group does not perform a combined exercise they will not be considered for the Tour Team. 11-16 Age Group Out of Age (Over or Under in Ontario) the score from the following exercise will count for final score that will be used for selection to the Tour Team (WP = Dynamic, MP = Dynamic, MxP = Balance, WG = Balance, MG = Dynamic) as per FIG rules for 11-16 Finals.
- Age Group Level partnerships/groups that are Within Age are not considered for this year's GO Acro Tour Team as they will have other opportunities as they prepare for the Canadian World Age Group Team selection process. If individual clubs would like to take their Within Age partnerships/groups or any other club teams, they are welcome to do so on their own not as part of the GO Team.
- If the top ranked pair or group declines their spot on the Tour Team the 2nd ranked pair/group will be invited. This will only carry down to 2nd rank.

MINIMUM AGE: The minimum age eligibility for tour is 10 years old. 10 years old is defined by any athlete whom will be 10 years of age by December 31st, 2014. No athlete younger than this may participate on the tour team.

TRAINING TIMES: No additional on-site training is available.

WEBSITE: www.gymnastics.ca

INFORMATION FOR ALL TEAM ONTARIO DELEGATES

TEAM ONTARIO: Team Ontario will be made up of the following teams, congratulations to all selected:

Level 5 - Gymnastics Mississauga - Anna Ivatchenko/Abeed Chowdhury
 Level 6 - Gymnastics Mississauga - Kayla Michalacos/Natalia Kot
 Level 7 - Gymnastics Mississauga - Diona Sulemani/Victoria Luciani/Nicole Parda
 Youth - Oakville Gymnastics Club - Daniela Mendoza/Mackenzie Senior

Team Coach 1 - Gymnastics Mississauga
 Team Coach 2 - Oakville Gymnastics Club

Team Manager: Suzie Owen

TRANSPORTATION: All delegates will receive transportation to Calgary from Toronto International Airport. Delegates more than 200km one-way from the Toronto International Airport may request additional transportation options to be provided by Gymnastics Ontario.

All delegates must travel and stay with the team. Any athlete choosing not to do so will render themselves ineligible to participate on the tour team and forfeit their

spot, along with their pair or group spots.

Flight Information:

Departing Toronto Int'l Airport Apr 17th, 2014 at 11:15am on WS659

Arriving in Calgary at 1:26pm

Returning Calgary Int'l Airport Apr 21st, 2014 at 10:00am on WS662

Arriving in Toronto at 3:44pm

*Athletes are expected to be at the airport no later than 9:15am on Apr 17th to meet with their Team Manager

On-Site Transportation: Team Coach/Managers will have rental vans available to them which will be utilized for all on-site transportation of the team delegates.

ACCOMMODATIONS: All delegates will receive accommodations. Athletes and Coaches will be in separate rooms and there will be two participants in each room. The reservation has been confirmed, both room and tax are paid by Gymnastics Ontario. Any incidental charges must be paid for by the room occupants on site.

Sandman Hotel & Suites Calgary South

8001 – 11th Street SE

(403)252-7263

Approximately 10 minute walk to the gym

MEALS: Delegates are expected to bring spending money for all meals (breakfast, lunch and dinner) which will not be provided by Gymnastics Ontario.

BANQUET: A dinner and dance ticket is included in this year's registration package (one ticket per registered athlete). This is a great opportunity for athletes, coaches and parents from all over Canada to get to know one another as we all work to develop this great sport within Canada. A live DJ service will be on site throughout the entire evening. Additional tickets can be purchased for \$63 per person, if available. Please complete and include the "Additional Ticket Order Form" on page 7.

*Tickets will be distributed to club coaches upon arrival. Lost tickets will not be replaced.

Meal choices:

There are 4 banquet meal options (adult meals are each served with Caprese salad and Tiramisu dessert). Meal choice must be indicated on registration below.

Chicken- Pan Roasted Chicken Breast with Natural Jus

Salmon- Fresh Pacific Salmon with Orange Blossom Soy Glaze

Vegetarian- Ravioli with Roasted Portobello Mushroom, Peas and Garlic Cream

Kids (12 & under only) - Chicken Fingers & Fries, & Ice cream Sundae

Tentative schedule:

5pm- Arrival of guests

6pm- Dinner

7pm until close- DJ service

DRESS CODE: All members of the Ontario delegation are required to wear the Team Ontario

tracksuit. The order forms will be attached in the information package athletes will receive and must be submitted to Gymnastics Ontario with payment by the registration deadline to be announced.

Note - Athletes need only purchase the Team Ontario competitive suit if they do not already have the 2012-2013 Team Ontario suit.

WHAT TO BRING:

Clothes (both for warm and cool weather)
 Alarm Clock
 Rain Jacket/Umbrella
 Calling Card and Numbers to Call Home
 Personal Items: cards, games, books, camera etc.
 Snacks (peanut free)
 Toiletries (deodorant, shampoo, conditioner, hair supplies such as brush-comb-elastics-gel-spray-curling iron/straightener etc.)

Things to bring for competition:

Training and Competition Suits
 Team Ontario Track Suit
 Athletic tape/pro-wrap
 Personal braces/supports (e.g. knee straps etc.)
 2 copies of Music on CD clearly labeled
 Athlete Routine Sheets at least 1 copy to give to their Team Coach

PARTICIPANT COST:

Role	Meet Fee & Banquet Fee	Flight	Onsite Transportation	Hotel	Meals	Tracksuit	Total Cost
Athlete	Yes	Yes	Yes	Yes	No	Not Included in Price	\$900
Team Coach/Manager	Yes	Yes	Yes	Yes	Honorarium	Yes	\$0

PARENTS/FAMILIES:

Parents are allowed to book parallel trips but must understand that the athletes are there as part of Team Ontario and they are at the event as spectators. Athletes may be allowed to go on family excursions after they have competed and do not interfere with team activities. Excursions are negotiable with the athlete's Team Coach/Managers. Please note that an excursion to Banff is being planned by Gymnastics Ontario and athletes are expected to take part in this team building activity.

NEXT STEPS

ATHLETE AND TEAM COACH/MANAGER CONFIRMATION:

All forms and payment must be received by February 28th, 2014, by 4pm

Attention: Sean Holmes, Technical Director

sholmes@gymnasticsontario.ca

or

3 Concorde Gate, Suite 214

Toronto, ON, M3C3N7

*Fees will be accepted via Club Cheque or Credit Card Only, AMEX not accepted

FORMS, COMPLETED BY FEBRUARY 28TH, 2014:

- 1 – Competitive Athlete and Coach Participant Waiver / Personal Information / Code of Conduct
- 2 – Medical Data Record
- 3 – Emergency Contact Form
- 4 – Tracksuit Order Form



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CALGARY, ALBERTA**

ALL DOCUMENTS/FORMS MUST BE SUBMITTED TO THE CLUB, THE CLUB WILL SUBMIT 1 PACKAGE WITH 1 CLUB CHEQUE PAYABLE TO: GYMNASTICS ONTARIO.

Please send Club Package along with payment by: **February 28th, 2014 by 4 pm,**
Attention: Sean Holmes sholmes@gymnasticsontario.ca , FAX 416-426-7377

Head Coach:	Club Contact (if different from Head Coach):
Telephone:	Email:

Check list of Items/Documents to be Included in Club Package for each Athlete and Team Coach/Manager

Reminders:

- Prescriptions, allergy or any other medications
- Contact information for parents if they are travelling outside the country or will not be at home

Attachments:

- Go Waiver/Code of Conduct
- GO Medical Waiver
- Emergency Contact Information
- Tracksuit Order Form

Please note that if the necessary information and payment have not been received by the due date, your space will be considered forfeited and the alternate will be notified

Checklist							
COACHES and ATHLETES Names	Competitive Athlete/Coach Waiver	Medical Waiver	Emergency Contact Form	Tracksuit Order Form	Hooded Sweater Size and Color (YS, YM, YL, AS, AM, AL, Black or Pink)	Banquet Meal Request (Chicken/Salmon /Veg/Kids)	Cost share Payment (\$900 per Athlete)
Total Payment Due							

Method of Payment (check one):

- Cheque/Cash
 Money Order
 VISA
 Master Card

Credit Card Information			
Name on Card:		Card #:	
Expiry Date:		CSV #	

*Tracksuit Payment on separate form



FORM 1
**COMPETITIVE ATHLETE
 MEDICAL DATA RECORD**

NOTE: IF THE REQUESTED INFORMATION IS NOT PROVIDED, THE APPLICANT WILL NOT BE PERMITTED TO PARTICIPATE IN THE ACTIVITY

PLEASE PRINT CLEARLY IN INK OR TYPE

NAME OF PARTICIPANT			BIRTH DATE (D/M/Y)
NAME OF CLUB	G.O. MEMBER #	DISCIPLINE	COMPETITIVE LEVEL/STREAM
ADDRESS			
CITY	PROVINCE	POSTAL CODE	TELEPHONE NO.
NAME OF PARENT/GUARDIAN (If under 18)		RELATIONSHIP	TELEPHONE NO.
PLEASE LIST ALL EXISTING MEDICAL CONDITIONS/ALLERGIES (INCLUDING FOOD) OF THE PARTICIPANT			
PLEASE LIST ANY MEDICATIONS REQUIRED (TYPES/TIMES REQUIRED/STORAGE REQUIREMENTS/ADMINISTRATION PROCEDURES)			
NAME OF FAMILY PHYSICIAN	TELEPHONE # OF PHYSICIAN	FAX # OF PHYSICIAN	
<p>I hereby give permission for emergency medical treatment to be administered to my son/daughter, as may be determined in the reasonable discretion of his/her Personal Coach/Team Manager. It is understood that whenever reasonably possible, relatives will be contacted and informed of the problem, diagnosis, treatment required and anticipated medical</p> <p>I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO ENSURE THAT THE INFORMATION ON THIS FORM IS KEPT CURRENT AND I WILL NOTIFY THE CLUB OF ANY CHANGES IMMEDIATELY</p>			
SIGNATURE OF PARTICIPANT (OR PARENT/GUARDIAN IF PARTICIPANT IS UNDER THE AGE OF 18)			DATE (D/M/Y)

PLEASE KEEP THIS FORM ON HAND. G.O. MAY REQUEST A COPY OF THIS FORM FOR INSURANCE PURPOSES.

The Coach is expected to have a copy of this form on hand for any competition or training.

EMERGENCY CONTACT INFORMATION

IN THE CASE OF AN EMERGENCY INVOLVING THE PARTICIPANT, PLEASE CONTACT ONE OF THE FOLLOWING INDIVIDUALS		
1.	NAME	HOME TELEPHONE NO.
	RELATIONSHIP	BUSINESS TELEPHONE NO.
	ADDRESS	
2.	NAME	HOME TELEPHONE NO.
	RELATIONSHIP	BUSINESS TELEPHONE NO.
	ADDRESS	
3.	NAME	HOME TELEPHONE NO.
	RELATIONSHIP	BUSINESS TELEPHONE NO.
	ADDRESS	

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE HEAD OF DELEGATION/TEAM MANAGER/TEAM COACH FOR COMPETITIVE ATHLETES ONLY

PARTICIPANT RELEASE

THIS SECTION MUST BE COMPLETED IN THE EVENT OF AN EMERGENCY WHICH NECESSITATES THE RELEASE OF THE PARTICIPANT FROM THE ACTIVITY PRIOR TO THE PLANNED DEPARTURE TIME			
DATE RELEASED (D/M/Y)	TIME	RELEASED TO (PRINT NAME)	RELEASED TO (SIGNATURE)
ADDRESS <small>(Street/P.O. Box No.)</small>			TELEPHONE NO.
CITY	PROVINCE	POSTAL CODE	BUSINESS TELEPHONE NO.
PERSON TAKING RESPONSIBILITY IS KNOWN BY PARTICIPANT:		IDENTIFICATION CHECKED:	TIME RETURNED/COMMENTS
RELEASED BY (PRINT NAME)		RELEASED BY (SIGNATURE)	



Team Ontario Uniform Request Form

<u>Club and Contact Information</u>			
Name of Payer:			
Club Name:		Discipline:	
Club Contact:		Phone #:	
<u>Delivery Information</u>			
Address:		City:	
Postal Code:		Phone #, if different than club contact #:	
Date Requested for:			

As only members of Team Ontario are eligible to receive this tracksuit, it is important this information is filled out in its entirety. Gymnastics Ontario will be providing a complimentary t-shirt with every tracksuit order; your t-shirt **and** tracksuit size will be assigned by Gymnastics Ontario and we cannot take requests for t-shirt sizes.

Available Tracksuit Sizes:
Men's: XXL, XL, L, M, S, XS Boys – Youth: YXL, YL, YM, YS
Women's: XL, L, M, S, XS Girls – Youth: YL, YM, YS

Available T-Shirt Sizes:
Men's: XL, L, M, S
Women's: L, M, S,

Item	Role (Athlete, Coach, Manager)	Name of Participant	Size Order
Tracksuit 1			
Tracksuit 2			
Tracksuit 3			
Tracksuit 4			
Tracksuit 5			

TRACKSUITS Quantity Ordered: _____ Total Cost @ \$125.00 Each: _____
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Remit to **Gymnastics Ontario**, along with your payment for the full amount to address:
3 Concorde Gate, Suite 214, Toronto, ON M3C 3N7.

Any sizing alteration to the uniforms is the responsibility and expense of the individual

Method of Payment (check one):

- Cheque/Cash
 Money Order
 VISA
 Master Card

For Office Use Only:			
Item(s) Received:		Received Via:	
Date of Receipt:		Amount Enclosed if app.:	
Name on Card:			
Card #:		Expiry Date:	
CSV #:			

Youth Sizing: Chart and Measuring Tips * Fits tightly

Chest: Measure just under the arms and across the shoulder blades holding tape firm and level

Hip: In standing position, measure around the fullest point of your hip.

Sleeve Length: With arm relaxed at side and slightly bent measure from centre back neck, over the shoulder, down the outer wrist.

Inseam: In standing position, Measure from the crotch inseam to the ankle bone.

Youth Sizing (inches)				
Sizing	S	M	L	XL
Chest	26-28	28-31	31-34	34-36
Waist	24	26	28	30
Sleeve Length	27-28	29-30	31-32	33-34
Inseam	24	26	28	30

Men`s Measuring Tips

Chest: Always measure around the fullest part of chest. Keep the tape level under arms and across shoulder blades. Round to nearest inch.

Waist: Measure around smallest part of natural waistline, usually just above hip bones. Stand naturally and make sure tape is level. It should feel snug but not tight. Round to nearest inch.

Men`s Sizing						
Sizing	XS	S	M	L	XL	XXL
Chest	32-34	34-36	38-40	42-44	46-48	50-52
Waist	26-28	28-30	32-34	36-38	40-42	44-46
Inseam	29	30	31	32	32.5	33

Women`s Measuring Tips

Chest/Bust: Always measure around the fullest part of chest. Keep the tape level under arms and across shoulder blades. Round to nearest inch.

Waist: Measure around smallest part of natural waistline, usually just above hip bones. Stand naturally and make sure tape is level. It should feel snug but not tight. Round to nearest inch.

Women`s Sizing						
Sizing	XS	S	M	L	XL	2X
Apparel Size	0-2	4-6	8-10	12-14	16-18	20-22



3 Concorde Gate, Suite 214 Toronto, ON M3C 3N7
phone: 416 426 7100 fax: 416 426 7377

CONSENT FROM FOR MINORS –Travel (under age 18)

To Whom It May Concern:

I (parents/guardians) _____
(Printed Name)

give consent for my daughter/son _____
(Printed Name)

born _____ at _____
(date of birth dd/mm/yr) (place of birth)

_____ Canadian Passport # _____ Date of Issuance (dd/mm/yr) _____ Place of Issuance

to attend all international competitions or training camps in Gymnastics held both within and outside Canada for the period of Sept 1, 2013 to August 31, 2014 to which she/he is assigned by Gymnastics Ontario.

I acknowledge that I am aware that she/he is travelling both inside & outside of Canada and across international borders with a coach or a team manager appointed by Gymnastics Ontario but is unaccompanied by either parent/guardian to such competitions or training camps.

Any questions regarding this consent letter can be directed to the undersigned at:

Parent/Guardian Name (Primary Contact): _____
(Printed Name)

Phone Number: _____ (H) _____ (W) _____ (Cell)

Address of Primary Contact: _____

Parent/Guardian name (Secondary Contact): _____
(Printed Name)

Phone Number: _____ (H) _____ (W) _____ (Cell)

Signed at _____ this _____ day of _____, 20____
(City / Province) (Day) (Month) (Year)

Signature (Mother or Primary Guardian)

Signature (Father or Secondary Guardian)

Notary Public Printed Name

Notary Public Signature
*Notary Seal Required for International Travel