



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

Date: February 26, 2026

To: Parents of Potential 2026 Eastern Team Members (**age: under 18**)

From: Angela Gallant, Executive Director
Sherry Watters, Program Director

Re: **2026 Eastern Canadian Championships–Fredericton, NB**

The New Brunswick Gymnastics Association in partnership with the City of Fredericton is excited to be hosting the 2026 Eastern Canadian Championships from May 15-17, 2026 at the Grant-Harvey Centre in Fredericton, NB.

Nova Scotia teams will be announced following competition at the NS Provincial Championships, based on the Women's, Men's and Trampoline 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 Friday, March 20th, 2026. 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.

GNS is no longer doing team travel for Provincial team events and all athletes are responsible for their own transportation and accommodation. Some clubs might be doing club travel and if this is the case, your club will provide you with further information.

Forms and Payment Required:

- A cheque for \$225 made payable to Gymnastics Nova Scotia (this can be postdated to April 1st). E-transfer to gns@sportnovascotia.ca is the preferred option. **PLEASE NOTE THAT E-TRANSFER PAYMENTS WILL NOT BE ACCEPTED UNTIL APRIL 1, 2026. The etransfer amount of \$225 should be sent between April 1st, 2026 and April 3rd, 2026.**
- GNS Consent/Waiver Form (1 form attached for appropriate age)
- GNS Medical form (2-page form attached)
- Confirmation of Compliance with GNS Code of Ethics and Conduct (1 form attached)
- GymCan medical release form (1 page form attached)
- Gymnastics Canada Assumption of Risk Form (1 form attached)

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

The complete [GNS Code of Ethics and Conducts Policy](#) is also posted in Membership on the GNS website under Policy Manuals [POLICY MANUAL Final revision December 2025.pdf](#)

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 may receive a fine from GNS.

COST - 2026 Easterns Registration and Banquet fee - \$225

The only amount that needs to be sent to GNS is \$225. This fee includes the Social Fee.

Suggested Accommodations for those in GNS clubs not doing club travel -

There are limited rooms at each hotel; all options are first-come-first-serve.

Check-in date is Thursday, May 14, 2026 and check-out date is Monday, May 18, 2026 at all locations.

- 1) **Comfort Inn Fredericton – 797 Prospect Street, Fredericton, NB \$159-\$169 per night depending on room type.**
 - **Book by calling (506)453-0800**
Confirmation #21550259 - Rooms in this block are a mixture of 2 queen beds and 1 King bed/1 pullout
- 2) **Raddison Kingswood Hotel & Suites – 41 Kingswood Road, Hanwell, NB**
 - **Book by calling (506)317-2645**
 - **Confirmation #89805192** - Rooms in this block have 1 King bed/1 pullout
 - **Confirmation #21555292** - Rooms in this block are either 2 queen beds or 1 King bed/1 pullout

Other hotel options:

Further hotel options can be viewed on the [Eastern Canadian Gymnastics Championships bulletin](#) on the Gymnastics NS website.

Uniforms – Clubs and parents should have received information regarding the team suits for women’s artistic gymnastics and men’s artistic gymnastics. All orders have been placed due to the timing of production. A new MEE track jacket was ordered this year as well as GK Gymsuits, GymGear Training suits, GK Singlets, GK Longs and GK Shorts. Please see your club coach regarding your club uniform order.

Schedule:

Friday, May 15	Training (all disciplines) Competition begins (WAG and TG)
Saturday, May 16	Competition (all disciplines)
Sunday, May 17	Competition (all disciplines) Athlete and adult social events
Monday, May 18	Departure of delegations

Once a tentative competition schedule is received, it will be sent to clubs and posted on the GNS webpage but please remember that this is tentative unless otherwise indicated. **Please note that the tentative schedule may change once final registrations are received by the organizing committee.** The final competition schedule will also be posted on the GNS website, the competition website and forwarded to parents through clubs once it becomes available.

Website:

GNS will post all information, schedules and competition bulletins on the GNS website under Easterns.

Competition Site -

Grant-Harvey Centre

600 Knowledge Park Drive, Fredericton, NB

Further information will be communicated to team members as it becomes available.



Gymnastics Nova Scotia

Participant's Informed Consent Form (under 18)

Event: Eastern Canadian Gymnastics Championships

Event Location: Fredericton, NB **T-Shirt size** _____

Event Date: May 15 - 17th, 2026 **GNS Club:** _____

PLEASE READ CAREFULLY

Risk: I, _____ give my consent for my child _____
(Parent's Name) (Participant'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:** _____



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

[GNS Code of Ethics and Conducts Policy](#) or under [Policy Manuals :: Gymnastics Nova Scotia](#)

<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: _____



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? Yes No
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

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

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 _____ 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