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***GYMNASTICS NOVA SCOTIA REQUEST FOR SANCTION***

***Travel to attend a training or event outside of the Atlantic Provinces***

**The form below is for travel outside of NS, NB, NL or PE**

*Visit the* [*website*](https://gymns.ca/insurance-information) *for Gymnastics Nova Scotia’s current "Policy for Travel Approval to Out-Of-Province Sanctioned Events"*

***Note****: Gymnastics Nova Scotia's accident insurance policy does NOT provide travel medical insurance coverage. It only covers incidents that may occur during the course of the approved training and/or competition while participating on the field of play. It does NOT include incidents that may occur off the field of play, or during non-training and/or competition activities such as social events and travel to and from the venue. For travel to and from the venue, the accident policy states “****insured person*** *while being transported with other player members of the Named Insured as a group to or from the place of such practice or game (competition); all under the supervision and direction of the named insured”.* ***Please note that this only applies when travelling to and from events in Canada.******Insured person includes all player members, managers and coaches of GNS.*** [*See full policy available at the link above for more details.*](https://gymns.ca/insurance-information)

***Gymnastics Nova Scotia sport Accident Insurance coverage does not apply when competing or training outside of Canada and travel medical coverage MUST be purchased by participants.***

**Please State Your Nova Scotia Member Club Name\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Club Respondent**

First name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Last name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Email: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Club Contact Information**

Email **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

City **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Province \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Discipline (please check all that apply)**

Men's Artistic  \_\_\_\_\_\_ Women's Artistic  \_\_\_\_\_\_

Trampoline  \_\_\_\_\_\_ Gymnastics for All  \_\_\_\_\_\_

**Event Information (use additional space as required)**

***Location****should include****City****and****Province****, if within Canada. If outside of Canada it should include****City, State/Province,****and****Country****.*

***Type of Event****might be: Competition, Training Camp, Gymnaestrada event, Course, Conference/Workshop etc.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | **Name of Event** | **Date(s)** | **Location** | **Type of Event** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
|  |  |  |  |  |

**Sanctioning Agreement**

In making this request for participant sanction, the club, individual and/or group sanctioned agrees to abide by the rules and regulations of Gymnastics Nova Scotia, Gymnastics Canada and FIG’s guidelines and policies. Individuals traveling to the events listed on this application must be registered with Gymnastics Nova Scotia and will be provided with Gymnastics Nova Scotia insurance coverage during the event IF sanctioning is approved.

Participant lists for sanction competitions MUST be provided to Gymnastics Nova Scotia **no less than seven (7) business days before each sanctioned event**. *Gymnastics Nova Scotia will verify that your submitted individuals are currently registered Gymnastics Nova Scotia members.*

**Sanction fees:**

* Competition request received 45 days OR Training request received more than 4 days before departure: **no charge**
* Competition request received between 30-45 days before departure or Training request received within 4 days of departure: **$25**
* Competition request received between 7-30 days before departure: **$50**
* **Competition sanction requests not accepted less than 7 days before departure**

**Sanction Fees**

*Please choose the appropriate number of sanction fee selection(s) based on the number of events you are planning to attend as per the event(s) you listed above.*

|  |  |  |  |
| --- | --- | --- | --- |
| Item |  | Price | Amount |
| Competition sanction request (45+ days before departure) OR Training request (at least 4 days before departure) | x | $0.00 |  |
| Competition sanction request (30-45 days before departure) OR Training request (within 4 days of departure)\* | x | $25.00 |  |
| Competition sanction request (<30-7 days before departure)\* | x | $50.00 |  |
| Total  $ | | | |

*\* Provided Gymnastics Nova Scotia can complete the sanction application*

**Participant List(s)**

*Please provide one participant list per event. Participant list template file can be found here.  If you only have a few participants to add, you can use the next field instead.*

**Manual Participant List (if you only have a few travellers)**

*Enter the club name only if the individual attending with your group is not from your club. For Role, please enter one of the following: Athlete, Coach, Judge, Chaperone, etc.*

*Only use the manual participant list if your request form is for one event. If you are applying for multiple events, please attach your participant lists.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name (first and last):** | Club Name (if different from above) | **Birthdate:** | Role (Athlete, Coach, Judge, Chaperone, etc.): |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

**Signature of Club Respondent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**