



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: Potential 2026 Atlantic Team Members (**Age: 18 & Over**)

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

Re: **Atlantic Championships – Charlottetown, PE**

Island Gymnastics Academy is very excited to be hosting the 2026 Atlantic Canadian Gymnastics Championships from April 23-25th, 2026 at the Delta Prince Edward in Charlottetown, PEI.

Nova Scotia teams will be announced following competition at the NS Provincial Championships, based on the Women's and Men's Program regulations.

In order for you 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 you do not make this team, your cheque will be returned to you at the Provincial Championships or shortly after through your club.

Forms and Payment Required:

- A cheque for \$180 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 \$180 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)

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

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.

GNS is no longer doing team travel for Atlantics Championships 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 inform you.

COST - 2026 Atlantics Registration - \$180.00

With no team travel, the only amount that needs to be sent to GNS is **\$180**. The registration fee includes the Social Fee.

Suggested Accommodations – please note that all these hotels have a minimum 2 night stay

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

1. **Holman Grand Hotel**, 123 Grafton Street, Charlottetown, PE - \$199/night (minimum 2-night stay). Rooms in the block are available between April 22nd and April 26th.
 - Call the Hotel directly at (902)367-7777 and reference group reservation **#199608** or book directly online at [Gymnastics Nova Scotia Block](#)
 - Deadline to reserve **March 30, 2026**
2. **Rodd Charlottetown Hotel**, 75 Kent Street, Charlottetown, PE - \$180/night or Suite-\$230/night (minimum 2-night stay). Rooms in the block are available between April 23rd and April 26th.
 - Cancellation policy is at least 72 hours in advance of arrival
 - Book by calling the reservation line at the hotel at 1-800-565-RODD (7633). Please identify Gymnastics Nova Scotia and the group confirmation **#1936874**
 - Deadline to reserve is **March 22, 2026**.
3. **Comfort Inn Charlottetown**, 112 Capital Drive, Charlottetown, PE – rooms range between \$132-\$168 per night depending on room type and date (minimum 2-night stay).
 - Book by calling (902)566-4424
 - Confirmation #18814393, Rooms in this block are available between April 23rd and April 26th.
 - Confirmation #18958447, Rooms in this block are available between April 22nd and April 26th.
 - Deadline to reserve is **April 10, 2026**

Uniforms – Clubs, parents/athletes 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.

Competition schedule:

The first competition will most likely be scheduled for early Thursday morning, April 23rd, 2026. 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 and forwarded to parents through clubs once it becomes available.

GNS Website:

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

Social media:

Stay connected and follow the excitement on **IGA's media channels** for updates leading up to the event. Instagram and Facebook: [@islandgymnasticsacademy](#)

Competition Venue:

Delta Prince Edward Hotel

18 Queen Street, Charlottetown, PEI

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



Gymnastics Nova Scotia

Participant's Informed Consent Form (18&over)

Event: Atlantic Canadian Gymnastics Championships

Event Location: Charlottetown, PEI **GNS Club** _____

Event Date: April 23th - 25th, 2026 **Category:** _____

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: _____



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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 - FORM MUST BE FULLY COMPLETED

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 QUESTIONS 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