



**December 28, 2010**

**Calgary—Talisman Centre Gym 4**

**8:30 am—5:15 pm**

8:30—10:15 Younger athletes

10:15 – 10:30 BREAK

10:30—12:15 Performance Groups

12:15—1:00 LUNCH

1:00—3:45 Medium and Advanced Flexibility

3:45—4:00 BREAK

4:00—5:15 Questions and Answers for the Coaches

**December 29, 2010**

**Edmonton Children's Dance Theatre 10:00—5:30**

15505 Stony Plain Road, Edmonton, AB T5P 3Z1(780) 443-0226

Work focused on Dancers—

Coaches may apply directly to Edmonton Children's Dance Theatre to observe these sessions if you are interested in flexibility development for dance.

**December 30, 2010**

**Rhythmic Gymnastics Alberta session at the Edmonton Children's Dance Theatre**

15505 Stony Plain Road, Edmonton, AB T5P 3Z1(780) 443-0226

Schedule dependent on registration. Afternoon reserved for advanced flexibility (national and advanced provincial level rhythmic gymnasts or equivalent)

Please indicate the level of flexibility that you have on the registration form so that you can be put in the right group. Coaches are welcome to stay for the full day in order to see the progression for all athletes.

Registrants will be informed of the time that they will need to be at the Edmonton Children's Dance Theatre after registration closes on December 8th. Least flexible will start at 8:30 am, medium flexibility

## Flexibility Workshop WITH ALIXA SUTTON

**December 28, 29, 30, 2010**  
**Talisman Centre—Dec 28**  
**Edmonton Children's Dance Theatre—December 29 & 30**

### Locations:

December 28, 2010

Talisman Centre, Gym 4,

2225 Macleod Trail SE Calgary, AB T2G 5B6(403) 233-8393

December 29/30, 2010

Edmonton Children's Dance Theatre

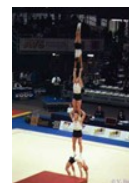
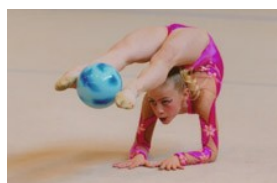
15505 Stony Plain Road, Edmonton, AB T5P 3Z1(780) 443-0226

**ALIXA SUTTON BIOGRAPHY:** Alixa trains coaches and athletes from rhythmic gymnastics, artistic gymnastics, sports acro, trampoline/tumble track, cheerleading, and ice skating, as well as contortionists, circus performers, dancers, and other high level athletes. Alixa has worked for Cirque du Soleil, creating the contortion number for KOOZA. She was the creator & trainer for the first professional kid contortion group in the US, the Mystic Pixies. Alixa is well known for her work with Cirque du Soleil, USA Gymnastics Federation, Ontario Gymnastics Congress, Rhythmic National team members, US Vaulting Federation, World Champion Sports Acro athletes, and many individual clubs.

Her work focuses on teaching coaches & athletes to improve flexibility, learn new techniques, help prevent injuries, and to control existing flexibility. Formally a competitive gymnastics coach, Alixa has spent the last 10 years developing her unique stretching techniques specifically designed for people not naturally flexible.

Alixa uses non-invasive stretching that athletes can do themselves. She focuses on athletes learning proper technique to stretch. Her programs work on increasing flexibility, preventing injuries, getting athletes motivated about stretching, helping older athletes adjust to their changing bodies, giving younger athletes good stretching foundations for life, showing coaches how to plan flexibility into their programs and how to use stretching techniques to prepare athletes for advanced elements.

She works with both the athletes and the coaches to create new stretching programs, improve technique, and help prevent injuries. At her workshops athletes are divided into groups based on their current flexibility. Coaches are encouraged to attend the full day as each session will have a different focus. Advanced level participants need more time than those at beginner level.



**PARTICIPANT'S INFORMED CONSENT FORM**  
**Alberta Rhythmic Sportive Gymnastics Federation (ARSGF)**  
**Operating as RHYTHMIC GYMNASTICS ALBERTA (RGA)**

Please check one: Gymnast  Jr. Coach  Coach

Print name of participant: \_\_\_\_\_

Club and/or Sport Affiliation: \_\_\_\_\_

PLEASE READ CAREFULLY

**Risk:**

I, the undersigned understand and acknowledge that traveling to and from and participating in the activities at the ARSGF/ RGA **Flexibility Workshop** may result in personal injury (including but not limited to: injury to internal organs, bones, joints, ligaments, muscles, tendons 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 in the workshop activities voluntarily and at my own risk.

**Rules:**

I understand that the rules and regulations are designed for safety and protection of the participants and hereby agree to abide by the rules and regulations set down by ARSGF/RGA, the Organizers, the Course Conductors/Learning Facilitators, Talisman Centre and Edmonton Children's Dance Theatre.

**Media Release:**

I hereby grant the ARSGF/RGA the right to use, without penalty of any fee or charge, any written information (excluding information contained on the Medical Consent Form), photograph, videotape, or other visual media of myself taken during the Rhythmic Gymnastics Flexibility Workshop that are for the purpose of furthering the ARSGF/RGA objectives.

**Liability:**

In consideration of your acceptance of my entry to in the ARSGF/RGA Flexibility Workshop, I, intending to be legally bound, agree to RELEASE, SAVE HARMLESS AND INDEMNIFY the ARSGF/RGA, the Organizers, the Course Conductors, and/or its agents from and against all claims, actions, costs, expenses and demands in respect to death, injury, loss or damage to my person or property whatsoever and howsoever caused, arising out of, or in connection with my association with or entry in the above event or which may arise out of my traveling to or participating in and returning from the said event.

I further agree to HOLD HARMLESS AND INDEMNIFY the ARSGF/RGA, the Organizers, the Course Conductors, Learning Facilitators, Edmonton Children's Dance Theatre, Talisman Centre 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 event 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 the ARSGF/RGA, the Organizers, the Course Conductors, Edmonton Children's Dance Theatre, Talisman Centre 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 in its entirety.

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date

Note: Collection of the personal information on this form is required for the operation of the this program. The information will be used for said purpose and is subject to disclosure rules set forth in Protection of Information Privacy Act in the Province of Alberta. For more information about the collection and use of this information please contact Rhythmic Gymnastics Alberta (780-427-8152)

# RECORD OF CONSENT FOR MINORS

Event: Flexibility Workshop  
Event Date: December 28 and 30, 2010  
Event Location: Talisman Centre, Calgary and Edmonton Children's Dance Theatre  
15505 Stony Plain Road, Edmonton, AB T5P 3Z1

I \_\_\_\_\_ give my permission for emergency medical/surgical to be given by the Canadian physicians forming part of the event team or such local practitioners as they see fit to select to \_\_\_\_\_ who is my child.

It is understood that wherever possible I shall be contacted, informed of the problem, diagnosis, treatment required and the hoped results.

During the period of the workshop my child will be attending I can be reached at the following telephone numbers;

\_\_\_\_\_ or \_\_\_\_\_

\_\_\_\_\_  
Signature Parent or Guardian                      Relationship

\_\_\_\_\_  
Date                                      Place                                      Witness

Special health or medical information relating to allergies, previous injury or any special needs and considerations.

\_\_\_\_\_  
\_\_\_\_\_

*To be completed by all participants under 18 years of age*  
**PARTICIPANT'S INFORMED CONSENT FORM—Under 18**  
**Alberta Rhythmic Sportive Gymnastics Federation (ARSGF)**  
**Operating as RHYTHMIC GYMNASTICS ALBERTA (RGA)**

Please check one: Gymnast  Jr. Coach  Coach

**Print name of participant:** \_\_\_\_\_

**Club/Sport Affiliation:** \_\_\_\_\_

PLEASE READ CAREFULLY

Risk:

I, \_\_\_\_\_ give my consent for my child \_\_\_\_\_  
(Parent's Name) (Child's Name)

to participate in the ARSGF/RGA Flexibility Workshop. I understand and acknowledge that traveling to and from and participating at the ARSGF/RGA Gymnastics Workshop may result in personal injury (including but not limited to: injury to internal organs, bones, joints, ligaments, muscles, tendons 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 give my son/daughter permission to participate in workshop activities.

Rules:

I understand that the rules and regulations are designed for safety and protection of the participants and hereby agree to inform my son/daughter of the importance of abiding by the rules and regulations set down by the ARSGF/RGA, the Organizing Committee, the Course Conductors, Talisman Centre and Edmonton Children's Dance Theatre.

Media Release:

I hereby grant the ARSGF/RGA the right to use, without penalty of any fee or charge, any written information (excluding information contained on the Medical Consent Form), photograph, videotape, or other visual media of my son/daughter taken during the ARSGF/RGA Flexibility Workshop for the purpose of furthering the ARSGF/RGA objectives.

Liability:

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 Name (print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name (print)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

Note: Collection of the personal information on this form is required for the operation of the said event. The information will be used for said purpose and is subject to disclosure rules set forth in Protection of Information Privacy Act in the Province of Alberta. For more information about the collection and use of this information please contact Rhythmic Gymnastics Alberta (780-427-8152)