



BULLETIN #1
2011 South Zone Championships and Invitational for Rhythmic Gymnastics
Talisman Centre
April 9, 2011

Hosted by
Chinook Rhythmic Gymnastics Club

PURPOSE:

The purpose of the South Zone Championships is to declare South Zone Champions and to determine the gymnasts that will advance from the South Zone to the 2011 Provincial Championships in Calgary on May 14-15, 2011. It also provides an opportunity for interclub and AGG competitors to perform their routines and receive constructive feedback from rhythmic experts. This opportunity is meant to encourage the participation of a wider group of athletes in competitive gymnastics in Alberta. This portion of the competition will be adjudicated rather than judged and will not require Difficulty and Artistry sheets to be submitted. If you wish to participate at the Interclub/AGG/performance group invitational, please be prepared to submit a sheet that lists (in words or symbols) the difficulties your group/individual is doing as a guide to the adjudicators. More information on this trial/experimental program to follow.

DEADLINES:

Pre-registration is due by email to info@chinookrg.com by **Friday, March 4, 2011.**

Final registration forms and fees will be due on Friday, March 18, 2011.

ROUTINE SCRIPTS DUE: Friday, April 1, 2011.

ORGANIZING COMMITTEE:

Meet Director: Patti Thompson

RGA Liaison: Diane Gunn

Technical Consultant: Olga Khabarova

Treasurer: Leanne French

Registrar: Andrea Fraser

Facilities & Equipment Coordinator: Natasha Pavlovic

Awards Coordinator: Allan Laird

Program/Scoring: Irina Laird/Diane Gunn

All inquiries may be directed to: Patti Thompson, PH: 403 615-3892, email: info@chinookrg.com

Competition Venue: Talisman Centre, 2225 Macleod Trail South, Calgary, AB

Competition Area: Gym 4

Registration:

Please provide pre-registration numbers to: info@chinookrg.com by Friday, March 4, 2011.

Final registration forms and fees due on Friday, March 18, 2011.

ROUTINE SCRIPTS ARE DUE Friday, April 1, 2011.

Registration Fee: \$15 per interclub participant or AGG group member

\$35 per Provincial gymnasts or group

\$45 per National Level Gymnast

Please make your cheque payable to CRGC and attach it to your completed registration and participant release documents.

Refund Policy: Entry fees are non-refundable

Eligibility: All competitors, coaches and judges must be registered with RGA for the 2010-2011 competitive season.

Draw: The official draw will be conducted electronically by the Executive Director, Diane Gunn and the Meet Director on **Friday, April 1, 2011.**

Meeting: The Technical/Judges Meeting will be held Friday, April 8, 2011. Time to be confirmed.

Competition Area: 1 carpet Mitufa, beige Height of Ceiling: > 12 meters

Warmup Area: ½ Training carpet Height of Ceiling: > 12 meters

Technical Value: Difficulties as per 2010-11 Revised FIG Code of Points
NOTE: requirements for all levels are available on the GCG or RGA website – GCG-RG Program Technical Rules and Regulations for novice and prenovice, provincial level, AGG and interclub

Artistic Value: As per 2011 FIG Code of Points

Execution: As per 2011 FIG Code of Points

Schedule: Schedule to follow after registration. AGG groups will perform on Saturday, April 9, 2011.

2011 South Zone Championship for Rhythmic Gymnastics
REGISTRATION FORM

*(please complete the following 3 forms and give to your coach or Leah Gasparovic with
Registration Fees on or before Friday, March 18th, 2011)*

GYMNAST'S NAME: _____

GYMNAST'S BIRTHDATE: _____

GYMNAST'S COMPETITION LEVEL: _____

If Group - please include names of
Gymnasts in your group: _____

GYMNAST'S COACH: _____

APPARATUS: 1) _____ 2) _____ 3) _____
4) _____

CHOICE APPARATUS (if applicable): _____

REGISTRATION FEE PAYABLE BY CHEQUE TO
CHINOOK RHYTHMIQUE GYMNASTIC CLUB (or CRGC). Twenty percent of your registration fee will be considered a
donation to CRGC.

Group Gymnast: \$15

Provincial Individual Gymnast: \$35

National Individual Gymnast: \$45

Please ensure you have your music on CD (2 copies) with the following information on it: your
name, competitive level, club name, apparatus, coach name, Music title, composer (unknown if not
known), and length of music,
(CANADA if a National Competitor)

You will be required to present your CD's to the Music Table on Competition Day.

**2011 South Zone Championships for Rhythmic Gymnastics
PARTICIPANT RELEASE FORM**

Athlete _____ Coach: _____ Judge: _____

Team Manager: _____ Medical Staff: _____ Volunteer: _____ Other _____

1. I accept the position for which I have been named for the above Event.
2. In consideration of the Chinook Rhythmic Gymnastic Club (CRGC) and Rhythmic Gymnastics Alberta (RGA), providing services, supplies, and facilities for the above event, I do hereby, for myself, my child or ward, our heirs, executors and administrators release and forever discharge CRGC, and RGA and all its servants, agents, officers and employees and all persons assisting them from any and all liability for injury, loss, sickness, death, or any other damage resulting from the negligence of any of the above-mentioned persons, or from any cause whatsoever attributable in any way arising out of my participation in such event or in conjunction with my association with or entry in the event or which may arise out of my travelling to, attending or returning from such event.
3. I hereby covenant and agree to save harmless CRGC and RGA and its servants, agents, officers, employees and persons assisting them from all claims and demands whatsoever which may be made in respect of such injury, loss, sickness, or any other damage which may happen to me or my child or ward.

Dated at _____ this _____ day of _____, 2011.

Witness: _____ Signed Participant: _____

Witness: _____ Signed Parent or Guardian: _____

2011 SOUTH ZONE CHAMPIONSHIPS

RECORD OF CONSENT FOR MINORS

Adult gymnasts do not need to complete,
but should have Alberta Health Care Card at competition.

Event Date: April 9, 2011

Event Location: Calgary, Alberta

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 daughter.

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 _____ I can be reached at the following telephone numbers;

_____ or _____

Medical Insurance No. _____

Signature Parent or Guardian _____ Relationship _____

Date _____ Place _____ Witness _____

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