



2012 Kalev Cup Invitational

February 25-26, 2012

Dear Rhythmic Gymnastics Community:

Kalev is pleased to provide the registration package for our **2012 Kalev Cup Invitational** competition. We appreciate the participation of your club at this year's event.

This meet is open to National Individual and National Groups (all levels) and Provincial Individual, Provincial Groups (all levels) and Interclub Individual and Groups (all levels).

PLEASE NOTE THE FOLLOWING:

- This event has limitations to the total number of athletes that can be accommodated therefore, registration will be on a first come first serve basis. Please send a **pre-registration by December 30, 2011** with **registration and payment to follow on January 6, 2012**
- Pre-registration can be emailed to kalevinvitational@hotmail.com. Emailed or faxed registrations will NOT be accepted. Please mail all forms by January 6. Please use regular mail (if signature is required then the envelope may be delayed if recipient is not home).
- Only fully completed registration forms received by **Friday, January 6, 2012**, with all waiver forms and payment attached will be accepted. Please forward a single cheque payable to "**Kalev Sportive**" from the club or organization. No personal cheques please.
- Post dated cheques will NOT be accepted, NSF or returned cheques disqualify any/all affiliated athletes. No refunds except 48 hours with a Doctors note will be excepted after registration deadline.
- Late registrations will be considered, if space is available with an additional \$50 fee.
- Should any registration submission be received after full capacity has been achieved, forms and payment will be returned as soon as possible.
- Your co-operation in meeting the following deadlines is appreciated:
 - **Pre-registration form - Friday, December 30, 2011**
 - **Registration Forms, Payment, Waivers – Friday, January 6, 2012**
 - **Scripts – Thursday, February 15, 2012**
- \$100 late fee will be payable for late scripts

Yours truly,

Svetlana Joukova
Director. Kalev RG



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- Meet Director:** Please direct all questions regarding the competition to:
Guzal Kulishova
Telephone: (647) 717-7557
Email: guzal.kulishova@gmail.com
- Registration:
Tiina Korjus kalev_rg@live.com
- Tentative Schedule:** Saturday and Sunday morning - Provincial and Inter-club Levels
Saturday afternoon 2 apparatus and Sunday afternoon 2 apparatus - Nov, Jr & Sr National Levels (PN will be 3 apparatus on one of the days)
A schedule will be posted by February 22
- Competition Venue:** Don Valley Jr High School
3100 Don Mills Rd, North York (South of Finch just North of Fairview Mall)
1 Double Gym - Competition
1 Single Gym - Warm-Up
Ceiling Height - 8 m.
No obstructions
Carpet - **AVAI** beige (14m x 14m)
- Judge Responsible:** Svetlana Joukova
- Eligibility:** All Inter-club Individual and Group
All Provincial Individual and Group
All National Pre-Novice, Novice, Junior and Senior Individual and Group and Ontario Development Groups.
All gymnasts must be registered with Gymnastics Ontario (G.O.) or applicable provincial association for the 2012 competitive season.
- Technical Format:** 2012 Ontario Program Technical Rules and 2012 National Program Technical Rules. Refer to Gymnastics Ontario at www.ogf.com for details.
- Awards:** 1st - 8th place Individual Apparatus, AA & Group AA.
Levels with less than 4 competitors will receive All Around awards only.
- Registration:** Registrations must be received no later than **Friday, January 6, 2012**.
Please mail registrations, payment and waivers to:
Kalev
c/o : Tiina Korjus
74 St. Hubert Ave.
Toronto, ON M4J 3Z3
Pre registration can be emailed to kalev_rg@live.com.
Please mail your registration, waivers and cheques by **Friday, January 6**
Please direct any questions regarding registration to Tiina Korjus at kalev_rg@live.com. Your co-operation in meeting this deadline is appreciated.
- Fees:** National Pre-Novice (born 1999-2000) **\$120**
National Novice (born 1997-1999) **\$140**
National Junior (born 1994-1996) **\$140**
National Senior (born 1993 & before) **\$140**
Provincial Level 1B, 2A, 2B, 3A and 4A (2 routines) **\$80**
Provincial Level 3B, 4B, 4C, 5A, 5B, 5C, 6A, 6B and 6C (3 routines) **\$120**
Inter-club Levels 1-6 (1 routine) **\$40**
IC, Provincial & National Groups **\$35** per gymnast plus \$5 script copying fee per group (if your daughter is doing Individual & Group then the fee is \$20 per gymnast)



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Fees are payable to **Kalev Sportive**. No refunds after Registration date except in the case of injury accompanied with a medical note 48 hours before the competition date.

Music: Music will be accepted on CD only. Back up copies must be available. Music must be properly labeled. Labels must be typed and include the gymnast's full name, level, apparatus and club. National levels should include the length of the music and the artist's name. Deductions will apply for improper labeling. **Please note that if the music stops playing while a gymnast is performing, she must continue the routine. There will be no opportunity given to re-start routines as per Technical Regulation (www.ogf.com).

Apparatus: If the gymnasts apparatus gets stuck in the ceiling (or elsewhere) gymnasts must use a replacement. There will be no opportunity given to re-start the routine as per Technical Regulations.

Scripts: **Due by Thursday, February 9, 2012**
Please respect the deadline, scripts received **Thursday, February 9, 2012** will not be processed. Scripts are required for all Provincial Level 2 and higher and all National Level. The FIG script program for 2011 must be used. Scripts must have all applicable information; name of gymnast, apparatus, club name and level. Scripts must have the coaches name clearly printed along with the coaches signature. Deductions will apply for incomplete information.

Mail scripts to:
Guzal Kulishova c/o Kalev
20 Fashion Roseway 210W
Toronto, ON, M2N 6B5

Coaches: As this is a sanctioned event by Gymnastics Ontario, all coaches are to be NCCP Level 2 certified in order to coach provincial athletes and NCCP Level 3 certified for national athletes. All coaches must have photo ID and must have completed the online Risk Management Program.

Judges: Each club competing is to provide one judge. Extra judges are always appreciated. All judges must be registered with provincial association /C.G.C to be eligible.

Accommodation: **Holiday Inn Hotel & Suites**
7095 Woodbine Ave., Markham, Ontario L3R 1A3
905-474-0444
The entire hotel is a non-smoking hotel

Admission: Adults: \$12 per day
Students/Seniors: \$ 8 per day
Children under 5 free



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INTERCLUB - INDIVIDUAL REGISTRATION FORM

Please print clearly

Club Name: _____ Contact Name: _____

Phone: _____ Email: _____

Coaches Name: _____ NCCP#: _____

Judges Name: _____ Level: _____

Fees: Level 1, 2, 3, 4, 5, 5star, 6 (1 routines) \$40.00 (no script).

Athlete name	Level & apparatus						DOB (d/m/y)	Fee
	Level	Free	U	O	•	II		

Number of Athletes: _____ Total Number of Routines: _____ Total Registration Fees: _____

Please complete this form and return it with cheque and waivers, **no later than Friday, January 6, 2012** to:

Kalev
74 St. Hubert Ave.
Toronto, ON M4J 3Z3

Make cheque payable to **Kalev Sportive**



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PROVINCIAL - INDIVIDUAL REGISTRATION FORM

Please print clearly

Club Name: _____ Contact Name: _____

Phone: _____ Email: _____

Coaches Name: _____ NCCP#: _____

Judges Name: _____ Level: _____

Fees: Level 1B, 2A, 2B, 3A & 4A (2 routines) \$80.00 + \$5 script fee. Level 3B, 4B, 4C, 5, 6 (3 routines) \$120.00 + \$5 script fee

Athlete name	Level & apparatus							DOB (d/m/y)	Fee
	Level	Free	U	O	•		⊞		

Number of Athletes: _____ Total Number of Routines: _____ Total Registration Fees: _____

Please complete this form and return it with cheque and waivers, **no later than Friday, January 6, 2012** to:

Kalev
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NATIONAL - INDIVIDUAL REGISTRATION FORM

Please print clearly

Club Name: _____ Contact Name: _____

Phone: _____ Email: _____

Coaches Name: _____ NCCP#: _____

Judges Name: _____ Level: _____

Fees: Pre-Novice \$120 + \$5 script fee, Novice, Junior, Senior \$140 + \$5 script fee.

Athlete name	Level & apparatus							DOB (d/m/y)	Fee
	Level	Free	U	O	•	II	III		

Number of Athletes: _____ Total Number of Routines: _____ Total Registration Fees: _____

Please complete this form and return it with cheque and waivers, **no later than Friday, January 6, 2012** to:

Kalev
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PARTICIPANT WAIVER FORM

Check One only: Gymnast Coach Judge

Club: _____

Last Name: _____

First Name: _____

Date of Birth (d/m/y): _____ Age (as of Dec.31, 2013): _____

Home phone: _____ Business phone: _____

Cell phone: _____

Emergency Contact: _____ Phone: _____

Ontario Health Card #: _____ Version Code: _____

Out of Province/Country Participants:

Health Plan Number: _____ Province / Country: _____

Company name: _____

Company address: _____

Credit Card: _____ Name on Card: _____

Card Number: _____ Expiry Date: MM/YY _____

City: _____ Country: _____ Postal/Zip code: _____

Out of Country Participants:

If you are competing from out side of Canada please be sure to have you Medical Insurance card/number available. If you do not have this additional Insurance a Credit Card will be required for any Medical attention given.

I hereby give the officials and volunteers, of the 2012 Kalev Invitational, authority to act on my behalf in case of an emergency. I hereby release Kalev, their directors, officers, coaches, members, and volunteers, along with the Seneca College and their staff from and against all actions, claims, liabilities, proceedings and damages resulting from any accidents or injuries which are caused by or arise from participation in this event.

Signature of Participant: _____

Signature of Parent / Guardian: _____

Signature of Witness: _____

Date: _____ Place: _____