

# REGISTRATION INFORMATION PACKAGE

*Success  
doesn't come to you!  
You go to it!*

February 16th & 17th, 2019

**DGC**

INVITATIONAL

**2019**

**JO 3 to 8**

## ***TO REGISTER:***

Go to Sportzsoft link at:

<https://www.sportzsoft.com/meet/meetWeb.dll/TournamentLogin?Id=862>

## ***MUSIC:***

All WAG floor music must be uploaded onto SportzSoft registration system.

A backup on iPod or CD must be available on floor.

## ***FEES:***

EARLYBIRD PRICING—\$115

EARLYBIRD DEADLINE: up to Midnight of Nov 30th, 2018

REGULAR PRICING—\$125

REGULAR DEADLINE: up to Midnight of Dec 21st, 2018

(LATE REGISTRATION: is at the discretion of host club if room allows )

Waiver Forms must be returned before the event via email or mail. A late fee may apply.

## ***PAYMENTS:***

Accept MASTERCARD, VISA and AMEX

You must call in to Office Manager at 780-458-1623 within 7 days of registration to make payment.

CHEQUES: Made payable to "DYNAMYX GYMNASTICS CLUB".

Mail to: Dynamyx Gymnastic Club, 104, 25 Chisholm Avenue, St. Albert, AB T8N 5A5

**REFUNDS:**

No refunds will be given, except for medical reasons. A refund request must be in writing and accompanied by a Doctor's Note. Refunds will incur a \$20.00 Administration fee. All refunds must be received no later than February 15, 2018

**CONTACTS: email:**

Technical: Kelly Baird, Head Coach

Administrative: Betty Matwie

Sportzsoft: Kim Farrell

email: [dynamyx@telusplanet.net](mailto:dynamyx@telusplanet.net)

**LOCATION:**

Dynamyx Gymnastics Club

104, 25 Chisholm Avenue,

St. Albert, AB, T8N 5A5

**EQUIPMENT:**

Meets all AGF, GCG and FIG equipment specifications

**FLOOR RULES:**

Only coaches and gymnasts competing or warming up will be allowed on the competition area during each session.

**AWARDS:****JO 3-8**

Medals for 1st, 2nd, 3rd place on each event as well as All Around

Ribbons for 4th through 8th place for each event and All Around

Team Awards—must meet minimum criteria

**INCLUDES:** Athlete gift

**MEDICAL:**

Emergency medical volunteers will be provided on site the duration of the entire event.

**PARENT PACKAGE:**

A Parent package will be distributed to the club once registration is received to provide specific information that applies to the parents. IE: Concession, directions, draws, sessions, local venues.

**TENTATIVE SCHEDULE**—subject to change based on registration

**FRIDAY, FEBRUARY 15th (OPTIONAL SESSION AS NEEDED)**

SESSION #1A 5:30 to 8:30 pm—JO 7 - 8

**SATURDAY, FEBRUARY 16TH**

SESSION #1B—8:30 to 11:30 am—JO4

SESSION #2—12:00 to 4:00 pm—JO5

SESSION #3—4:30 to 8 pm—JO6

**SUNDAY, FEBRUARY 17TH**

SESSION #5—8:30 to 11:30 pm - JO3

SESSION #6—12:00 to 4:00 pm—JO3

VISIT OUR WEBISTE AT:

[www.dynamyxgymnastics.com](http://www.dynamyxgymnastics.com)

# Participant Release & Medial Release Form

## DGC INVITATIONAL 2019

February 16<sup>th</sup> to 17<sup>th</sup> , 2019

**Event Location:** Dynamyx Gymnastics Club -25 Chisholm Avenue, Bay 104, St. Albert AB, T8N 5A5

Participant's Name: \_\_\_\_\_

Participant's Health Insurance Number: \_\_\_\_\_

**Participant's Club:**

\_\_\_\_\_

### **Participant Release:**

In consideration of the Dynamyx Gymnastics Club of St. Albert providing service, 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 Dynamyx Gymnastics Club of St. Albert and all of its servants, agents, officers, employees and all persons assisting it and/or them for any or all liability for injury, loss, sickness, death or any other damage resulting from the negligence of the above mentioned persons or in any cause whatsoever attribute in any way to the conduct of said persons or in any arising out of my participation in such event or which may arise out of my travelling to, and attend, or returning from such an event.

I hereby covenant and agree to save harmless the Dynamyx Gymnastics Club of St. Albert 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, my child or my ward.

Signed This \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Witness: \_\_\_\_\_

### **Media Release Form:**

Dynamyx Gymnastics Club of St. Albert may be contacted by the media for participant quotes, interviews or pictures. These sounds and images (video and still) may be published or aired in a variety of locations, including audio tapings on television, radio and newspaper, as well as Dynamyx website and publications. Your permission is required for the above to take place.

Signed This \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_