

ROSETOWN GYMNASTICS CLUB

SHINE BRIGHT

RECREATIONAL FUN MEET

January 25, 2020

# LOCATION: Rosetown & District Civic Center

Highway #4 (north end of town)

MAILING ADDRESS: Box 1301

Rosetown, Saskatchewan

S0L 2V0

AGE: Recreational – age 5 and over

AWARDS: All gymnasts will receive a medal and a treat bag

ENTRY FEE: $60.00 per gymnast

REFUND POLICY: Refund with Dr. certificate only, no refunds after Jan. 11th.

All refunds subject to $25.00 processing fee

SCHEDULE: **Times are tentative** depending on number of gymnasts

attending. (Max. 60 athletes per session)

Ages 5 - 8 Ages 9 and over

Warm-up 9:30 1:30

Competition 10:00 2.00

Awards 1:00 5:00

REGISTRATION

DEADLINE: December 13, 2019

Late fee of $25.00 per gymnast will apply for registrations received after the deadline

ROUTINES: Participants will be judged on skills listed on routine sheet, please fill out and return prior to meet.

BOYS: Will replace beam with a parallel bar routine

SPOTTING: Will be allowed. Please ensure that gymnasts only include skills they can do.

EQUIPMENT: Floor – without springs

CONCESSION: Will be available, soup, snacks, beverages

QUESTIONS: Fern Dyer (306)882-4022 or [rosetown.gymnastics@sasktel.net](mailto:rosetown.gymnastics@sasktel.net)

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Recreational Registration Form

Club Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_e-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Club Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Gymnast  Name | Birth  Date | Age |  |
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Coaches attending

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Fees: \_\_\_\_\_\_\_\_ gymnasts x $60.00 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Late Fee(after Dec 13th) \_\_\_\_\_\_\_\_\_\_\_\_gymnasts X $25.00 = \_\_\_\_\_\_\_\_\_\_\_\_

Note: Make cheque payable to: Rosetown Gymnastics Club (one cheque per

club please)

Routine Sheet

Please list skills that will be performed; fill out a sheet for each athlete attending

Please ensure skills are at athletes level

Athletes Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VAULT**

Choice of squat on to 60cm box

Or

Handstand fall to back on crash mat

Or

Handspring to back on 110cm mats, with mini tramp

**BARS –** 6 skills

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**BEAM** – 6 skills (mount, 1 turn, 2 leaps or jumps, 1 scale or acro, dismount)

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**FLOOR** – 6 skills (3 acros, 1 turn and 2 leaps or jumps)

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**PARALLEL BARS** – 6 skills

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ATHLETE’S WAIVER FORM

Name of Athlete: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In consideration of your acceptance of my entry, I, intending to be legally bound do hereby, for myself, my heirs, executors, and administrators waive and release and forever discharge any and all rights and claims for damages which I may have or may hereafter accrue to me against the Rosetown Gymnastics Club, the organizers, or their respective officers, agents, representatives, and or assigns for any and all damages which may be sustained and suffered by me 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 said athletic meet.

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

Athlete’s signature

(If 18 years of age or over)

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Parent or Guardian Date

ACCOMODATIONS

Country Rose Inn

Hwy 7

882-3093

Travelodge

Hwy 7

882-4200