



Gymnastics
Australian Capital Territory

2010
AUSTRALIAN
CHAMPIONSHIPS

PERTH

FIRST BULLETIN

Sports House
100 Maitland Street
Hackett ACT 2602



Gymnastics
Australian Capital Territory

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Dear Parents/Gymnasts

Below please find information on the 2010 Australian Championships that will be held in Perth from Monday 5th to Wednesday 7th July for National Levels and then to Sunday 11th July 2010 for International Levels.

Team Selection:

- A State National Levels Team, allowed to compete at Australian Championships, consists of following number of gymnasts:
 - Level 7 6
 - Level 8 6
 - Level 9 6
 - Level 10 6

- To be considered for selection to a GACT WG National Levels Team, a Gymnast must:
 1. be a registered member of GACT
 2. have been a member of an GACT affiliated club for a minimum of 30 days
 3. meet the requirement of the National Transfer policy
 4. be medically fit for National Competition and Interstate travel
 5. have achieved the relevant qualifying score at two of the GACT competitions / trials.
 - Level 7 42
 - Level 8 42
 - Level 9/10 43

- The team at each level will be selected by adding gymnasts' two (2) highest AA scores from the selection trials and ranking the gymnasts accordingly.
- Gymnasts will only be considered for team selection for the level they have nominated on their GACT entry form.
- Any non-travelling reserves will train with the Team prior to the Team leaving for Perth.
- If a team member is injured and unable to attend Nationals the next ranked all-around gymnast (the first reserve) will be invited to join the team.
- Coaches are required to monitor their gymnasts to ensure that 'they are fit for competition' prior to leaving the ACT. If a gymnast is deemed to be unfit, parents are to be consulted so that the gymnast can be withdrawn and a replacement nominated for the Team.

National Championships information (cont).

- Gymnasts will travel and stay with the team until all competitions are finished. Gymnasts may return from Perth with their families provided advance warning is given on the attached form. This form to be sent to GACT by the 10th May.
- If a return booking is made by GACT because incorrect information is given or the family changes its plans, then the full return airfare must still be paid.
- GACT will appoint a manager and will select chaperones to supervise the team.

Attached please find the following information and forms:

- Uniform Order Form – complete where necessary and send to GACT by the 10th May. All gymnasts selected to represent the ACT must have their own complete uniform.
- Travel Requirements – complete all details and send to GACT by the 10th May.
- Team Agreement Form – complete all details, sign appropriately and hand to the team manager at the first Team training session.
- Medical Consent Form – complete all details, sign appropriately and hand to the team manager at the first Team training session.
- Notification of any medication that a gymnast may be taking - complete all details, sign appropriately and hand to the team manager at the first Team training session.
- ASDA Drug Testing Information – information for you or your Doctor.
- Chaperones will be appointed after State Titles. Attached please find the Duty Statement for chaperones and an Expression of Interest for the position(s) of chaperone (must be signed appropriately and sent to GACT by the 10th May).
- Prohibited Employment Declaration form. This form is to be read and signed by all persons over the age of 18 years of age who will be travelling or staying with the ACT Team (must be signed appropriately and handed to the team manager at the first Team training session.).
- Draft Program schedule attached

Accommodation

Seashells Serviced Apartments Scarborough
178 The Esplanade, Scarborough WA 6019
PO Box 567, Scarborough Western Australia 6922
T: +61 8 9341 9600 | F: +61 8 9341 7227

Competition venue

Challenge Stadium Perth
Stephenson Avenue Mt Claremont WA 6010

Flights

Final details – TBA.

Departure will be on Saturday 3rd July.

Return will be on Thursday 8th July. (gymnasts & coaches)

Return will be Sunday 11th or Monday 12th (judges)

National Championships information (cont).

National Championships – Approximate costs for all participants

These costs are estimates and cannot be confirmed until the actual make-up of the Team is finalised.

Airfares	\$595.00
Accommodation:	\$350.00
Entry Fee:	\$110.00 (gymnasts only)
Bus Hire:	\$140.00
Food:	\$120.00 (gymnasts only)
Event T.Shirt	\$ 25.00 (Event T-Shirts are available by pre-order, confirm on the Uniform Order Form)

Uniform Costs (if required)

ACT Tracksuit	\$150.00
ACT Leotard (WG)	\$215.00
ACT Training leotard	\$75.00
ACT Shirt:	\$30.00
ACT Backpack:	\$25.00

Please note: full payment must be made to GACT by the 9th June if your daughter is selected to represent the ACT.

Payment may be made by:

Cheque - Please make cheques payable to Gymnastics ACT

Post to – Gymnastics ACT
Sports House
100 Maitland Street
Hackett ACT 2602

Direct Deposit:

Bank Commonwealth
Account Name: ACT Gymnastics
BSB: 062 – 912
Account: # 0090 1687

Reference: Please include your daughters name as the reference.

If you have any queries please don't hesitate to contact me on 6257 7544.

Yours sincerely

Nadine Weight
Executive Director
GACT

Uniform Order Form

Name _____ Phone _____

Articles Required

Use the Attached form for measurements for the ACT Leotard.

Uniform	Size	Cost	Your Cost
ACT Tracksuit		\$150.00	
ACT Competition Leotard		\$215.00	
ACT Training Leotard		\$75.00	
ACT Travel Shirt		\$30.00	
Pre-Order Event T.Shirt		\$25.00	

Total Cost: _____ \$ _____

This form is to be returned to GACT by the 10th May.

Office use only

Amount Received

Deposit: \$ _____ Receipt Number _____

Balance: \$ _____ Receipt Number _____

Travel Arrangements

I give my consent for my daughter,, to be a member of the ACT Gymnastics Team participating in Australian Championships in Perth in July 2010.

I undertake to pay all accounts associated with the competition by the dates stipulated by Gymnastics ACT and her Club.

If selected my daughter will be travelling from Canberra to Perth with the Team.

If selected my daughter will / will not be returning with the team from Perth to Canberra with the Team.

.....

Signature of Parent or Guardian

.....

Date

This form is to be returned to GACT by the 10th May.

TEAM-AGREEMENT

To be completed by all Gymnasts selected in Gymnastics ACT Teams

I, (print name)..... of

(print address).....

Suburb.....Post Code.....Telephone contact

hereby agree to become a member of the Gymnastics ACT team,

competing atin.....

and to attend and compete at the said competition, trials or displays, meetings and official commitments as applicable, under the following terms and conditions.

(A) I undertake: -

- (i) to pay all expenses as and when requested by GACT;
- (ii) to be responsible for the purchase and wearing of the official competition dress and uniform specified by GACT;
- (iii) to travel to and from the place of assembly of the team upon the dates and by means of conveyance decided upon by GACT;
- (iv) to remain under the control, management and direction of GACT team officials in all respects from the date of assembly until my return to the ACT or official release from the team;
- (v) to disclose forthwith to the Team Manager/Coach any injury that might prejudice my taking part in the competition, trial or display;
- (vi) to conduct myself in a proper manner when dealing with all members of the team, competition officials or members of the public;
- (vii) to exercise my best endeavour to render myself fit for the said competition, trials or displays, meetings and official commitments as applicable;
- (viii) not to have or consume alcoholic liquor or unprescribed drugs;
- (ix) not to commit any unlawful act or anti-social behaviour that will bring myself or GACT into disrepute or censure;
- (x) to carry out to the best of my ability all directions given to me by GACT Team Officials to ensure the best possible Individual and Team performance.

TEAM AGREEMENT

(B) I acknowledge that, under the Rules of GACT, I am liable to the following penalties if there is any breach of this agreement on my part:

- (i) to be sent home forthwith;
- (ii) to be excluded from the competition;
- (iii) to be suspended or disqualified;
- (iv) to be liable for any outstanding costs that may occur because of my behaviour;
- (v) or any combination of these penalties;

and I accept membership of the Gymnastics ACT Team under these conditions.

(C) I declare that to the best of my knowledge I have not been guilty of any act or omission whereby I have become liable to be declared ineligible to compete.

Name:

.....
Signature

.....
Date

Signature of Parent or Guardian if the gymnast is under 18 years of age.

Name:

.....
Signature

.....
Date

This form is to be returned to the team manager at the first team training.

In Confidence (when completed)

Gymnastic ACT Inc

Medical Consent and Indemnity

1. I _____ herby give permission for the Team Manager, or designated representative to seek medical aid in the event of an accident, injury or illness for myself/my child (if under 18)

Child's Name _____

2. General medical aid, including transport, will be at the discretion of the Manager or designated representative.

In Addition.

3. Specific permission on appropriate medical advice, is given for the following.

General Anaesthesia: Yes _____ No _____

Blood Transfusion: Yes _____ No _____

Traumatic injury requiring
Immediate surgery: Yes _____ No _____

Note: Parents will be contacted, if possible, prior to any medical attention being given.

4. **Indicate: -**

Blood Type: (if Known) _____

Known Allergies: _____

Medical Problems: _____

In Confidence (when completed)

In Confidence (when completed)

Medical Consent and Indemnity

5. Health Insurance.

Medicare Number: _____

Private Health Insurance: Yes _____ No _____

Name of Fund: _____

Member Number: _____

Please indicate type and extent of cover.

Hospital: Basic _____ Intermediate _____ Highest _____ Nil _____

Medical: Basic _____ Intermediate _____ Highest _____ Nil _____

6. Signature: _____ Date: _____

7. Parent/Guardian's Signature _____ Date: _____
(if gymnast under 18 years)

Name of Parent/Guardian: _____
(please print)

This form is to be returned to the team manager at the first team training.

In Confidence (when completed)

DUTY STATEMENT FOR CHAPERONES

Chaperones shall act under the direction of the Team Manager/Head Coach and assume authority and responsibility as delegated to them. It is expected that Chaperones will:

1. Travel with the Team and/or ensure that all members of the Team are organised to travel as arranged by GACT or their family.
2. Inform the Manager and Head Coach of anything that may require a response, including:
 - a. advice of any illness or injury of a member of the Team from the time of selection until official release from the team;
 - b. any dissention between team members;
 - c. any dissention caused by Club affiliations;
 - d. any inappropriate behaviour by members of the Team.
3. Be prepared to assist with any arrangements regarding uniform, travel, team meetings, etc.
4. Be responsible for organising team luggage.
5. Be responsible for giving medication, if it has been specifically prepared and authorised by a parent or guardian.
6. Be responsible for preparing special diets (caused by food allergies, diabetes, or being a vegetarian) as authorised by a parent or guardian.
7. Be responsible for the general supervision of gymnasts whilst they are not competing or training, including the management of athlete's mobile phones.
8. Plan daily routine for gymnasts under the direction of the Manager and Coaching Team.
9. Assist with arrangements for suitable sightseeing if the program permits.
10. Attend to the personal appearance and preparation of gymnasts for functions and competitions.
11. Make sure sewing kit, band aids, and any other necessary items which may be required are available for use.
12. Go shopping for food, snacks, or other items as required by members of the Team.
13. Make arrangements for meals if not included in the accommodation arrangements. Ensure fresh fruit and appropriate nutritional needs are available at **all** times.
14. Ensure that all members of Team are treated equally and that no gymnast is given favoured treatment.
15. Ensure that no one leaves the designated Team location without permission of the Team Manager or the Chaperones.
16. Ensure, when groups are allowed to move independently, that groups consist of a minimum of three members.
17. Each day, ensure that rooms/apartments are relatively tidy and that there is no damage.
18. Actively discourage any member of the Team from doing anything inappropriate that will attract public disapproval of the ACT Team.

EXPRESSION OF INTEREST FOR CHAPERONES

Name: _____ **Phone:** _____

Do you have any First Aid knowledge or any other area of expertise?

If my daughter is selected I would like to be considered for the position of chaperone.

I will / will not be returning from Perth with the Team.

.....

Signed

.....

Date

This form is to be returned to GACT by the 10th May.

DRUG TESTING PROCEDURES

ASDA is responsible in-competition and out-of-competition drug testing program for Australian Sports.

In-competition Drug Testing:

Drug testing could occur at any event you attend.

The in-competition drug testing procedure is as follows:

1. After the competition or during training, the gymnast will be notified by an ASDA official that they have been selected for a drug test.
2. The gymnast should immediately advise their Coach/Manager.
3. The ASDA Official or appointed chaperone will accompany the gymnast to the Drug Control Waiting Room where they will be provided with sealed drinks. The gymnast is entitled to have their Coach/Manager or selected representative present.
4. When they are ready to provide a sample, the gymnast will be asked to select a sample collection container.
5. When they have provided the required amount of urine, they return to the Drug Control Room. Only the gymnast should handle the sample.
6. The gymnasts will be asked to select a pair of security containers.
7. The gymnasts should check the seals before opening the container.
8. The gymnast will then be asked to pour the sample into A and B Bottles.
9. The kit is then resealed with new security seals.
10. The Drug Control Official checks the pH and Specific Gravity of the sample. These both indicate the suitability of the sample for testing.
11. The Drug Control Official records the sample and seal numbers on Drug testing form. The gymnast will be asked to provide the contact information and declare medications that they have used in the previous week.
12. The Drug Control Official will ask the gymnast and their representative to check all information on the Drug Testing Form and if satisfied, sign the form. The drug Control Official will also check and sign the form.

If you are unsure of any medication you may be taking being a banned substance please check out the on-line medication service on the ASDA Website:

<http://www.asada.gov.au/news/releases>

Drugs in Sport Help-Line

1800 020 506

PROHIBITED EMPLOYMENT DECLARATION

CHILD PROTECTION (PROHIBITED EMPLOYMENT) ACT 1998

The Child Protection (Prohibited Employment) Act 1998 makes it an offence for a person convicted of a serious sex offence (a prohibited person) or a Registrable Person under the Child Protection (Offenders Registration) Act 2000, to apply for, undertake or remain in, child-related employment. It does not apply if an order, from the Industrial Relations Commission or the Administrative Decision's Tribunal, declares that the Act does not apply to a particular person.

Section 5 of the Child Protection (Prohibited Employment) Act 1998 defines a serious sex offence as an offence involving sexual activity or acts of indecency that was committed in NSW and that was punishable by penal servitude or imprisonment for 12 months or more even if the sentence was not served, or, an offence involving sexual activity or acts of indecency that was committed elsewhere and that would have been punishable by penal servitude or imprisonment for 12 months or more if it had been committed in NSW.

Child-related employment means any employment where at least one of the essential duties of the position, involves direct contact with children where that contact is not directly supervised. Section 3 of the Child Protection (Prohibited Employment) Act 1998 specifies that child-related employment is employment:

- involving the provision of child protection services
- in pre-schools, kindergartens and child care centres (including residential child care centres)
- in schools or other educational institutions (not including universities)
- in detention centres (within the meaning of the Children (Detention Centres) Act 1987)
- in refuges used by children
- in wards of public or private hospitals in which children are patients
- in clubs, associations or movements (including of a cultural, recreational or sporting nature) having a significant child membership
- in any religious organisation
- in any entertainment venues where the clientele is primarily children
- as a babysitter or childminder that is arranged by a commercial agency
- involving fostering or other child care
- involving regular provision of taxi services for the transport of children with a disability
- involving the private tuition of children
- involving the direct provision of health services
- involving the provision of counselling or other support services for children
- on school buses
- at overnight camps for children

Under this Act:

- it is an offence for a prohibited person to **apply for**, or **remain in** child related employment.
- employers must ask existing employees, both **paid** and **unpaid**, and preferred applicants for employment to declare if they are a prohibited person or not.
- All child-related employees **must** inform their employers if they are a "prohibited person" or remove themselves from child-related employment. A prohibited person is someone who has been convicted of a serious sexual offence or, who has had a finding for a charge of a serious sexual offence proven in court, even if a conviction was not recorded.
- penalties are imposed for non compliance.

I am aware that I am ineligible to apply for, or remain in, child related employment if I have been convicted of a "serious sex offence" as defined in the Child Protection (Prohibited Employment) Act 1998 or if I am a "Registrable Person" under the Child Protection (Offenders Registration) Act 2000.

I have read and understood the above information in relation to the Child Protection (Prohibited Employment) Act 1998 and understand my responsibilities and obligations under this Act.

I declare that I am not a person prohibited by the Act from seeking, undertaking, or remaining in child related employment.

Name (Block letters):

Signature:

Date:

To be completed by all Officials and gymnasts over the age of 18 years of age.

This form is to be returned to the team manager at the first team training



2010 AUSTRALIAN CHAMPIONSHIPS – DRAFT COMPETITION SCHEDULE
Women's Artistic Gymnastics - Challenge Stadium, Perth
 Version 1.3



SATURDAY 3 JULY	SUNDAY 4 JULY	MONDAY 5 JULY	TUESDAY 6 JULY	WEDNESDAY 7 JULY	THURSDAY 8 JULY	FRIDAY 9 JULY	SATURDAY 10 JULY	SUNDAY 11 JULY
9:00 - 9:00pm BUMP IN 3:00 – 6:00pm Levels Judges Briefing	LEVELS PODIUM TRAINING	11:00 - 1:00 WAG LEVEL 7 Team	9:30 – 11:30 WAG LEVEL 8 Team	9:00 - 11:00 WAG Level 8 AA Final App Final	Levels Breakfast Function 7:30 – 9:30am Snr/Jnr Podium Training	7:30 – 9:30 Snr/Jnr Podium Training 11:00 - 1:15 WAG IDP 6 Team	7:30 – 9:30 Snr/Jnr Podium Training 11:00 - 1:00 WAG IDP 8 Team	7:45 – 9:00 International Forum 10:30 - 1:00 WAG IDP 8 AA Final App Final
	LEVELS PODIUM TRAINING	3:00 - 4:30 WAG Level 7 Session 2 Team	1:30 - 3:30 WAG Level 7 AA Final App Final	12:30 - 2:30 WAG Level 9 AA Final App Final 2:00 – 4:30 International Judges Briefing 4:00 - 6:30pm SNR & JNR PODIUM TRAINING	9:30am- 5:00pm IDP6, ID 8 & IDP10 PODIUM TRAINING	3:00 - 5:15 WAG IDP 10 Team	3:00 - 5:15 WAG IDP 6 AA Final App Final	3:00 - 5:00 WAG JNR & SNR App Final
	LEVELS PODIUM TRAINING	7:00 - 9:30 WAG Level 9 Team	5:30 - 7:30 WAG Level 10 Team 8:00 – 9:30 Levels Forum	8:00 - 10:00 WAG Level 10 AA Final App Final National Awards	700 - 9:15 WAG JNR & SNR Team	7:00 - 9:30 WAG JNR & SNR AA Final International Awards	7:00 - 9:15 WAG IDP 10 AA Final App Final	BUMP OUT
WAIS Gym	WAIS Gym	WAIS Gym	WAIS Gym	WAIS Gym	WAIS Gym	WAIS Gym	WAIS Gym	