

Ad Astra Athletic Academy
Competitive RHYTHMIC GYMNASTICS Handbook 2026-2027 Season



Minors Waivers Package

Please complete these forms and return to:

Ad Astra Athletic Academy

1152 Tory Road NW, Edmonton, AB T6R 3K6

registrations@adastra-academy.ca

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FAMILY INFORMATION

Family Last Name: _____

Address: _____

City: _____ Postal Code: _____

Family Home Phone: (_____) _____

Family Email Address: _____

ATHLETE NAME	DOB (MMM/DD/YYYY)	FEMALE / MALE

	PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
NAME		
RELATIONSHIP		
OCCUPATION		
HOME PHONE		
CELL PHONE:		

For Competitive Families ONLY - What is the athletes Citizenship (Please circle one): Canadian Citizen Permanent Resident Visitor/Refugee

Service Contract Agreement

Family Name: _____ Athletes Name(s): _____

I understand and agree with the plan below and the associated commitments. I agree to allow Ad Astra Athletic Academy to deposit E-transfers on the 1st of each month.

- » First month training fee – due September 3rd
- » October training fees with Registration fees – Due October 1st
- » Each remaining month training fees – E transfer on the 1st of the month.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

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MEDICAL INFORMATION AND MEDICAL RELEASE FORM

Athlete Name: _____

Date of Birth: _____ / _____ / _____ Telephone: (_____) _____
MMM DD YYYY

Alberta Health Care Number: _____

Allergies: _____

Medical Problems: _____

Current Medications: _____

Contact Lenses (please circle): YES / NO

Dental Appliances (please circle): YES / NO

Other Medical Concerns: _____

If the athlete this registration is being completed for is eligible and you're interested in dual registration as a Special Olympics Athlete as part of this program, click this box and we will connect with more information: YES / NO

In case of emergency 2 contacts other than parent(s)/guardian(s)

Name: _____

Mobile Telephone: (_____) _____ Other Telephone: (_____) _____

Relationship: _____

Name: _____

Mobile Telephone: (_____) _____ Other Telephone: (_____) _____

Relationship: _____

____ (please initial) Medical Release: In case of the absence of the parent(s)/guardian(s) I give permission for the coach or Ad Astra Athletic Academy staff to make decisions regarding any emergency medical attention required.

____ (please initial) Liability Release: I agree that Ad Astra Athletic Academy and/or proprietors will not be held responsible for any loss, accident, or death and agrees to release the same for all claims or damages which may arise as result of, or by reason of, such loss or accidents, or death.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

Print Name of Witness

Signature of Parent/Guardian

Date

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CONTACT INFORMATION RELEASE FORM (please initial)

____ Yes, I give Ad Astra permission to make my contact information such as phone numbers and email addresses available to other competitive families

____ No, I do NOT want my phone numbers or e-mail addresses given out.

____ Yes, I give Ad Astra permission to print my name, my spouse's name, my child's name, and our phone Number(s) in a printed parent contact book, available to all Comp for now competitive families.

____ No, I do NOT want my name, my spouse's name, my child's name, or our phone number(s) given out in a printed parent contact book.

Photos may be taken of athletes. These photos may be used for gym promotion purposes and Rhythmic Gymnastics Alberta's promotional purposes. I give permission for Ad Astra Athletic Academy to take photos of my gymnast/myself while training at the gym and at events. The pictures may be used on the Ad Astra social media and by RGA.

____ Yes ____ No *By selecting "No" your child will not be able to participate in practice or at events.*

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____

PRIVACY STATEMENT

In accordance with Federal Personal Information Protection and Electronic Documents Act (PIPEDA) and Alberta's Provincial Freedom of Information and Privacy Act (FOIP), Ad Astra must obtain written consent from each member to share member information with Rhythmic Gymnastics Federation (RGA) and Gymnastics Canada Gymnastique (GCG) as we are members of these organizations.

Ad Astra may share personal membership information with Rhythmic Gymnastics Alberta and Gymnastics Canada only to be used for the following purposes: Receiving information and communications from RGA and GCG to provide members with programs, services and products required as a member of RGA and GCG, establishment and management of trust funds and distribution of honorariums, processing merchandise order, registration and travel administration, athlete registration, uniforms, monitoring eligibility and team selection, in the case of medical emergencies, media relations, publications and publishing sports information.

Signature: _____

Date: _____

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PARTICIPANT'S INFORMED CONSENT FORM (Minor Aged Participant)

Alberta Rhythmic Sportive Gymnastics Federation (ARSGF) operating as RHYTHMIC GYMNASTICS ALBERTA (RGA)

Please check: ☐ Gymnast ☐ Coach in Training ☐ Coach ☐ Judge ☐ Volunteer ☐ Manager

Print name of participant: _____

READ CAREFULLY!

Club Affiliation: _____

Risk:

I, _____ give my consent for my child _____

Parent/Guardian Name (s)

Name of Child

to participate in any Rhythmic Gymnastics sanctioned event and hereby release and indemnify and hold harmless ARSGF/RGA, the Organizers, the Course Conductors, Host Club, Registered Club Personnel, Staff and/or Volunteers or agents, and the facility in which the activities take place.. I understand and acknowledge that traveling to and from and participating at the ARSGF/RGA Rhythmic Gymnastics NCCP Course may result in personal injury (including but not limited to: injury to internal organs, bones, joints, ligaments, muscles, tendons and other aspects of the skeletal system and potential impairment to other aspects of the body, and in rare occurrences, death, complete or partial paralysis, or brain damage) and property damage or loss. I fully understand these risks and give my son/daughter permission to participate in gymnastic activities.

☐ I Agree

Rules:

I understand that the rules and regulations are designed for safety and protection of the participants and hereby agree to inform my son/ daughter of the importance of abiding by the rules and regulations set down by the ARSGF/RGA, the Organizing Committee, the Host Organization, the Course Conductors, and the facility.

☐ I Agree

Media Release and Privacy:

I hereby grant the Rhythmic Gymnastics Alberta (ARSGF) the right to use, without penalty of any fee or charge, any written information (excluding medical information contained on the Medical Consent Form), photograph, videotape, or other visual media of my son/daughter taken during the ARSGF/RGA sanctioned activity or event, for the purpose of furthering the ARSGF/RGA objectives or those of the sanctioned host committee. I agree to the transmission of personal information by RGA, Member Clubs, Host Clubs and/or Agents/Staff/Volunteers. Information will be transmitted as per RGA PIPEDA and Privacy Policy by the Privacy Officer. Information regarding the Privacy Policy is posted on the RGA website at www.rgalberta.com or you may contact the Privacy Officer at 780-427-8152 or by emailing RGA@RGAAlberta.com.

☐ I Agree

Liability:

I, as the parent/guardian of the participant named herein, hereby declare that I have read, understood and agree to the contents of this Informed Consent in its entirety.

☐ I Agree

I, as the parent/guardian of the participant named herein, agree to assume full responsibility to instruct my child of the risks involved and to inform him/her of the importance of abiding by the rules and regulations.

☐ I Agree

Opt-In: I agree to accept electronic communication from ARSGF/RGA and my club. I can unsubscribe at any time.

☐ I Agree

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

Witness Name (print)

Witness Signature

Date

Collection of the personal information on this form is required for the operation of the Rhythmic Gymnastics Courses, Events, Activities, and for participation in sanctioned events hosted by Member Clubs and Independent facilities. The information from these forms, and from all registration materials will be used for said purpose and is subject to disclosure rules set forth in by Privacy Legislation in Canada (PIPEDA) and the Province of Alberta (PIPA). For more information about the collection and use of this information please contact the Privacy Officer at Rhythmic Gymnastics Alberta (780-427-8152) or by emailing rga@rgalberta.com. To Unsubscribe from electronic communication please send an email to rga@rgalberta.com.

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RHYTHMIC GYMNASTICS ALBERTA

INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT

(Participants **under** 18 years old)

WARNING! Please read carefully
By signing this document, you will assume certain risks and responsibilities

Participant's Name: _____

1. This is a binding legal agreement. Clarify any questions or concerns before signing. As a participant in the sport of gymnastics and the spectating, orientation, instruction, activities, competitions, programs, and services of Rhythmic Gymnastics Alberta and AD ASTRA ATHLETIC ACADEMY (collectively the "Activities"), the undersigned, being the Participant and the Participant's Parent/Guardian (collectively the "Parties"), acknowledge and agree to the terms outlined in this document.

Disclaimer

2. Rhythmic Gymnastics Alberta, AD ASTRA ATHLETIC ACADEMY, and their respective Directors, Officers, committee members, members, employees, coaches, volunteers, officials, participants, agents, sponsors, owners/operators of the facilities in which the Activities take place, and representatives (collectively the "Organization") are not responsible for any injury, property damage, death, expense, loss of income, damage or loss of any kind suffered by the Participant during, or as a result of, the Activities.

☐ We have read and agree to be bound by paragraphs 1 and 2

Description and Acknowledgement of Risks

3. The Parties understand and acknowledge that:
 - a) The Activities have foreseeable and unforeseeable inherent risks, hazards, and dangers that no amount of care, caution or expertise can eliminate, including without limitation, the potential for serious bodily injury, permanent disability, and paralysis.
 - b) The Organization may offer or promote online programming (such as webinars, remote conferences, workshops, and online training) which have different foreseeable and unforeseeable risks than in-person programming.
 - c) The Organization has a difficult task to ensure safety and it is not infallible. The Organization may be unaware of the Participant's fitness or abilities, may give incomplete warnings or instructions, may misjudge weather or environmental conditions, and the equipment being used might malfunction; and
 - d) The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization and COVID19 is extremely contagious. The Organization has put in place preventative measures to reduce the spread of COVID-19; however, the Organization cannot guarantee that the Participant will not become infected with COVID-19. Further, participating in the Activities could increase the Participant's risk of contracting COVID-19.
4. The Participant is participating voluntarily in the Activities. In consideration of that participation, the Parties hereby acknowledge that they are aware of the risks, dangers and hazards and may be exposed to such risks, dangers, and hazards. The risks, dangers and hazards include, but are not limited to:
 - a) Contracting COVID-19 or any other contagious disease.
 - b) Privacy breaches, hacking, technology malfunction or damage.
 - c) Executing strenuous and demanding physical techniques and exerting and stretching various muscle groups.
 - d) Vigorous physical exertion, strenuous cardiovascular workouts, and rapid movements.
 - e) The failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment or apparatus. f) Failure to follow instructions or rules.
 - g) Spinal cord injuries which may render the Participant permanently paralyzed.
 - h) Serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the Participant's body or to the Participant's general health and well-being.
 - i) Abrasions, sprains, strains, fractures, or dislocations.
 - j) Concussion or other head injuries, including but not limited to, closed head injury or blunt head trauma.
 - k) Physical contact with other participants, spectators, equipment, and hazards.
 - l) Collisions with walls, any gymnastics apparatus, floors, or mats.
 - m) Falling, tumbling, or hitting any gymnastics apparatus, the floor, mats, or other surfaces.

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- n) Physical contact with other participants (including spotters).
 - o) Not wearing appropriate safety or protective equipment.
 - p) Failure to act safely or within the Participant's ability or designated areas.
 - q) Negligence of other persons, including other spectators, participants, or employees; and
 - r) Travel to and from competitive events and associated non-competitive events which are an integral part of the Activities
- ☐ We have read and agree to be bound by paragraphs 3 and 4

Terms

5. In consideration of the Organization allowing the Participant to participate in the Activities, the Parties agree:
- a) That when the Participant practices or trains in their own space, the Parties are responsible for the Participant's surroundings and the location and equipment that is selected for the Participant.
 - b) That the Participant's mental and physical condition is appropriate to participate in the Activities and the Parties assume all risks related to the Participant's mental and physical condition.
 - c) That the Participant may experience anxiety while challenging themselves during the Activities.
 - d) To comply with the rules and regulations for participation in the Activities.
 - e) To comply with the rules of the facility or equipment.
 - f) That if the Participant observes an unusual significant hazard or risk, the Participant will remove themselves from participation and bring their observations to a representative of the Organization immediately.
 - g) The risks associated with the Activities are increased when the Participant is impaired, and the Participant will not participate if impaired in any way.
 - h) That it is their sole responsibility to assess whether any Activities are too difficult for the Participant. By the Participant commencing an Activity, they acknowledge and accept the suitability and conditions of the Activity.
 - i) That COVID-19 is contagious in nature and the Participant may be exposed to, or infected by, COVID-19 and such exposure may result in personal injury, illness, permanent disability, or loss of life; and
 - j) That they are responsible for the choice of the Participant's safety or protective equipment and the secure fitting of that equipment.
6. In consideration of the Organization allowing the Participant to participate, the Parties agree:
- a) That the Parties are not relying on any oral or written statements made by the Organization or their agents, whether in brochure or advertisement or in individual conversations, to agree to participate in the Activities.
 - b) That the Organization is not responsible or liable for any damage to the Participant's vehicle, property, or equipment that may occur as result of the Activities; and
 - c) That this Agreement is intended to be as broad and inclusive as is permitted by law of the Province of Alberta and if any portion thereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

Jurisdiction

7. The Parties agree that in the event that they file a lawsuit against the Organization, they agree to do so solely in the Province of Alberta and they further agree that the substantive law of the Province of Alberta will apply without regard to conflict of law rules.

☐ We have read and agree to be bound by paragraphs 5 to 7

Acknowledgement

8. The Parties acknowledge that they have read this agreement and understand it, that they have executed this agreement voluntarily, and that this Agreement is to be binding upon themselves, their heirs, their spouses, parents, guardians, next of kin, executors, administrators and legal or personal representatives.

Name of Participant (print)

Signature of Participant

Date of Birth

Name of Parent or Guardian (print)

Signature of Parent or Guardian

Date

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ATHLETE CODE OF CONDUCT

As a member of Ad Astra Athletic Academy, I agree to abide by all policies set out in the Competitive Rhythmic Gymnastics Handbook to support a safe, friendly, and cooperative atmosphere.

I agree to:

- ☐ Arrive to training on time
- ☐ Treat all coaches, parents and other athletes with courtesy and respect
- ☐ Wear proper training attire - this includes the removal of jewelry and watches
- ☐ Have my hair in a neat and tight bun for practices and events, if not otherwise requested by the coach
- ☐ Attend all scheduled competitions and events, as required
- ☐ Not use foul or abusive language at any time
- ☐ Work with coaches and other athletes in maintaining a safe, clean, and positive-training environment
- ☐ Demonstrate proper sportsmanship (attitude and behaviour)
- ☐ Refrain from any forms of harassment, (e.g., statements, conversations, jokes, etc.) demeaning others or Ad Astra itself.
- ☐ Assist in maintaining a clean gym (e.g. putting garbage in the trash bins, keeping locker rooms neat)
- ☐ Avoid bringing food and drinks (except water bottles) into the gym area, or keep them stored within my closed gym bag
- ☐ Not attend training if feeling unwell; and will communicate this with my coach and parents.
- ☐ Wash hands, cough/sneeze into my elbow, and follow all health and hygiene standards of the club
- ☐ Communicate with the coach or coaches any (training or coaching) problems, injuries, illness, or reasons for lateness or lack of attendance at training, meets or other events
- ☐ Not use cell phones during training or only with coach approval.

In addition, when I am attending a gymnastics event or otherwise representing Ad Astra Athletic Academy, I agree to:

- ☐ Project a positive image of Ad Astra by maintaining the highest standards of personal conduct both in person and through all forms of social media
- ☐ Refrain from expressing displeasure with judges or other officials by any means other than the accepted protest procedure
- ☐ Refrain from making comments to a judge or meet official about a coach or athlete's abilities, routines or execution during a competition
- ☐ Refrain from disrupting, distracting or in any way interfering with the performance of an athlete during competition or training
- ☐ Follow dress codes including makeup and hair style requirements specified by the coach at practices, and also when traveling to or from or participating in any activity sponsored or sanctioned by Ad Astra Athletic Academy.
- ☐ Abide by policies regarding alcohol and drugs (zero tolerance) set by Rhythmic Gymnastics Alberta (RGA).
- ☐ Abide by the rules and policies set by the coach at all club-sanctioned events

I _____ have fully read and understand the Athlete Code of Conduct and I agree to abide by these rules. I understand that failure to do so may result in disciplinary action as outlined in this handbook including exclusion from Ad Astra Athletic Academy.

Signature of Athlete **if over 10 (parent/guardian if under 10)** _____

Signature of witness _____ Date: _____

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PARENT CODE OF CONDUCT

As a parent/guardian of an athlete of Ad Astra Athletic Academy, I agree to abide by all policies set out in the Competitive Rhythmic Gymnastics Handbook. I also agree to support a safe, friendly, and cooperative club atmosphere by:

Assisting my athlete in arriving 15 minutes before the start of training time and arrive 5-minutes before training time ends to pick up my athlete

Inform the coach(es) when my child will be missing or late for any scheduled training sessions or competitions, and of any (training or coaching) problems, injuries or illness

Inform coach(es) of intentions, in regard to upcoming competitions, and pay all fees (training and competition) on or before the date specified by the club

Treat all coaches, athletes, other parents, judges, meet officials, and other members of the athletic community with courtesy and respect both in person and through all forms of social media at all times.

Always stay off the training, performance, or competition floor unless called upon in an emergency.

For concerns, questions or comments to the coaches, I will email or arrange times to meet with the coach but will not interrupt or use training time for this.

At competitions, communication with the coaches may occur before or after the meet as their schedules permit but never during the competition.

Follow the "hierarchy of grievance", in regard to any concerns, questions, comments or complaints. Grievances are never to be discussed outside of the proper channels.

I will be positive and supportive of my child's training and performances during practices and all events. I appreciate that any technical, constructive feedback should come only from the coach.

Refrain from discussing individual issues with other parents, especially in settings with athletes, coaches or other parents around. Each athlete is an individual with unique needs, and the information at hand may be incomplete or inaccurate.

Absolutely refrain from discussing coaches, judges, officials, other parents, or other athletes, who are not my family members.

Complete the Respect in Sport course online by the given due date of October 15th and adhere to the rules of Respect In Sport in the gym and at competitions.

I _____ have fully read and understand all information required fees and commitments in the Competitive RHYTHMIC GYMNASTICS Handbook. I agree that I read and will abide by all information outlined in the Competitive RHYTHMIC GYMNASTICS Handbook and this Parent Code of Conduct.

I understand that failure to abide by these rules will be of consequence to my child's membership.

Signature of Parent/Guardian (or athlete if 18 and over): _____

Witness _____ Date: _____

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PUBLIC BEHAVIOUR

As a member of Ad Astra Athletic Academy, you are representation of what and who we are. Plain and simple, what you do reflects on us as a business and a community. We ask all members to display the same values and courtesies in their everyday community and social media communities as they do in the training facility.

I, _____, will be kind to all and display the values of Ad Astra Athletic Academy in all communities.

- I will not be part of online bullying.
- Only I as an Ad Astra Team Member will wear my team wear.
- I will respect others as I would like to be respected.
- I will keep my social media presence clean and healthy (tasteful pictures, comments, conversations).
- I will showcase my best self.
- If I have questions, I will ask for help.
- I will support my fellow team mates.

I will be my best self as I am a representation of Ad Astra Athletic Academy.

Name of Participant (print)

Date

Coach Witness

Date

AD ASTRA
ATHLETIC ACADEMY

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SUBMISSION CHECKLIST

- 1) Family Information
- 2) Medical Information and Release
- 3) Contact Information
- 4) Participant Informed Consent
- 5) Informed Consent and Assumption of Risk
- 6) Athlete Code of Conduct
- 7) Parent Code of Conduct
- 8) Public Behaviour
- 9) Registration Fee - due October 1st, 2026
- 10) 3 Deposit Cheques (\$150 ea)