



OLYMPIUM RHYTHMIC GYMNASTICS CLUB

590 RATHBURN ROAD, ETOBICOKE, ONTARIO M9C 3T3
PHONE: (416) 620 4400 FAX: (416) 620 5742 E-MAIL: olympium.rgc@gmail.com

5th Annual Spring Blossom Invitational May 15th - 16th, 2010

- PURPOSE:** To declare the OLYMPIUM RG Club 5th Annual Spring Blossom Invitational Champion
- HOST:** The Olympium Rhythmic Gymnastics Club
- MEET DIRECTORS:** MARY CHIMIENTI
Phone: 416-620-4400
Email: olympium.rgc@gmail.com
- JUDGE RESPONSIBLE:** Danuta Smiechowski
- COMPETITION DATE:** Saturday, May 15th – Sunday, May 16th, 2010
- COMPETITION VENUE:** The Etobicoke Olympium – Main Gym
590 Rathburn Road, Etobicoke, M9C 3T3
(South of The Pearson International Airport; major intersection: Renforth and Rathburn Road)
- ACCOMODATION:** Our host hotel for the competition is:
Sandalwood Suites (5 Minutes by car from the Etobicoke Olympium)
A block of 50 rooms has been reserved under the name: Olympium Rhythmic Gymnastics Club (2010 Invitational). To get the special ORGC rate you must call **1-800-387-3355** directly to book.
Address: 5050 Orbitor Drive
Mississauga, Ontario, Canada L4W 4X2
Phone (905) 238-9600 Fax (905) 238-8502
For directions please visit: www.SandalwoodHotel.com ,
Preferred Rate: **\$105.00/room/night (breakfast included)**. Each additional person: \$15/night. Taxes are extra.
Cut-off date for reservations is: *Monday, April 19, 2010*
Your cooperation in booking at this hotel will be much appreciated.
- PROGRAM:** All Provincial Level & Interclub Level Groups (Interclub RG, Interclub AGG, Provincial RG, Provincial AGG), All Provincial Level and Interclub Level Individuals.
- COMPETITION RULES:** Please refer to the 2009-2010 GO Rules and Regulations.
- AWARDS:** Event and All Around medals and ribbons will be presented in each level and category, from 1st to 8th place. **Note: In the event of 3 athletes or less, only ribbons and "Over All" medals will be presented.**



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- REGISTRATION FEES:** Individuals (Provincial and Interclub): \$30.00 per routine. Script copying fee: \$5.00 per gymnast.
Groups RG (Provincial and Interclub) : \$30.00 per gymnast per routine. Script copying fee: \$5.00 per routine.
Groups AGG \$40.00 per gymnast per routine.
Please forward all registrations with payment,
ONE cheque payable to: "Olympium RGC" to the following address:
Olympium Rhythmic Gymnastic Club
590 Rathburn Road, Etobicoke, ON M9C 3T3
Attention: Danuta Smiechowski
In the spirit of fair play and sportsmanship we would like to advise you of the following:
- Only fully completed registrations with waiver forms & payment attached will be accepted.
 - Registrations will be processed in the order in which they are received (first come first serve).
 - Registration will remain open until our maximum capacity has been reached.
- No refunds under any circumstances after Sunday, April 25th, 2010.**
- REGISTR'N DEADLINE:** Monday, April 19th, 2010
- SCRIPTS DUE DATE:** **All required scripts are due: THURSDAY May 6th, 2010. A late penalty of \$100 per club will be enforced for scripts received after the deadline.**
Individual Scripts: are required for Provincial Levels 1,2, 3, 4, 5, 6
Group Scripts: are required for all RG Groups.
Please send one original copy (no photocopies and no faxes) of all scripts no later than midnight of May 6th to the following address:
Olympium Rhythmic Gymnastic Club
590 Rathburn Road,
Etobicoke, ON M9C 3T3
- JUDGES:** Each club should send at least one qualified judge. **Please indicate the name(s) of your judge(s) on the registration form.**
- COACH ELIGIBILITY:** All coaches must be G.O. members with up-to-date NCCP Certification. All coaches must be listed on the attached registration forms **and** be prepared to show proof of G.O. membership and NCCP certification on-site at the competition to gain floor access. **Please indicate the names of your coaches on the registration form.**
- MUSIC:** Music will be accepted in **CD format only** and back-up copies must be available. All music CDs must be clearly labeled with gymnast's name, level, club, apparatus symbol and length of time in typewritten form. All CDs should be handed in to the music table during warm-ups.
- APPARATUS / CEILING:** The competitive ceiling height is approx. 32 feet. It is recommended that any gymnast competing with apparatus should use a replacement in the case when her apparatus gets stuck in the ceiling or elsewhere during her routine.
- WARM-UP GYM:** Access to warm-up gym is strictly limited to registered athletes and coaches with up-to-date NCCP certification.
Please Note: the Etobicoke Olympium and the Olympium RG Club will not be responsible for the theft or loss of any valuables belonged to all meet participants during the competition.



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PARTICIPANT WAIVER FORM

Gymnast Coach Judge (Please check one)

CLUB: _____

Last Name: _____

First Name: _____

Date of Birth (D/M/YR): _____ Age (As of Dec.31/10) _____

Phone # (Res.): _____ Work: _____

Emergency Contact: _____ Phone: _____

Ontario Health Card #: _____ Version Code: _____

For Out-Of-Province Participants:

Health Plan #: _____ Province: _____

Company: _____

I hereby give the Olympium RG Club 5th Annual Spring Blossom Invitational Meet officials and volunteers authority to act on my behalf in the case of an emergency. I hereby release the Olympium RGC, its directors, officers, coaches, members, and volunteers along with the City of Toronto and its 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.

Dated at _____ this _____ day of _____, 2010

Witness: _____ Signed Participant: _____

Witness: _____ Signed Parent or Guardian: _____



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ENTRY FORM: INDIVIDUAL PROVINCIAL LEVEL (1, 2, 3, 4, 5, 6)

Club Name	
Contact Name	
Address	
Tel.	
Fax	
Email Address	
Coaches	
Judges	

	Name	Level and apparatus						Date of birth
		Level	Free	U	O	•		
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								

Number of participants:

Level 1,2,3A,4A _____ X \$60.00 = _____

Level 3B,4B,4C,5,6 _____ X \$90.00 = _____

Script copying Fee _____ X \$5.00 = _____

TOTAL _____



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ENTRY FORM: GROUP

PROVINCIAL LEVEL (Pre-Novice, Novice, Junior, Senior)

Club Name	
Contact Name	
Address	
Tel.	
Fax	
Email Address	
Coaches	
Judges	

Group Members	Level	2/3	4/5	Date of birth
Group 1				
1.				
2.				
3.				
4.				
5.				
Group 2.				
1.				
2.				
3.				
4.				
5.				
Group 3.				
1.				
2.				
3.				
4.				
5.				

Number of participants:

Level (Pre-Novice, Novice, Junior, Senior)

Script copying fee

TOTAL: _____

_____ X \$30.00 = _____

_____ X \$5.00 = _____



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INTRERCLUB INDIVIDUAL

Club Name	
Contact Name	
Address	
Tel.	
Fax	
Email Address	
Coaches	
Judges	

	Name	Level and apparatus						Date of birth
		Level	Free	U	O	•		
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								

Number of participants: _____ X \$30.00 = _____

TOTAL _____



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INTRECLUB RG GROUP

Club Name	
Contact Name	
Address	
Tel.	
Fax	
Email Address	
Coaches	
Judges	

Group Members	Level	2/3	4/5	Date of birth
Group 1				
1.				
2.				
3.				
4.				
5.				
Group 2.				
1.				
2.				
3.				
4.				
5.				
Group 3.				
1.				
2.				
3.				
4.				
5.				

Number of participants: _____ X \$30.00 = _____

TOTAL _____

