**North West Club Conference**

**26th January 2014-** £30 per delegate & £25 per delegate (if a club sends 5 or more coaches)

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| **Please complete & return this form by Friday 10th January 2014 to:**  Clare McGinnis, Stonyhurst College, Hurst Green, Lancashire, BB7 9PZ  07805 813025 clare.mcginnis@british-gymnastics.org | |
| |  | | --- | | **The Conference is being held at:**  City of Preston Gymnastics Club,  Campbell Street,  Preston,  PR1 5LX | |  | | **Sunday 26th January 2014** Registration: 9.30 – 10.00am  Workshop 1 10.00 – 11.30am  Workshop 2 11.30 – 1.00pm  Lunch and networking 1.00 – 1.30pm  Workshop 3 1.30 – 4.00pm  Cheer Display & Q+A 4.00 – 4.30pm  Depart: 4.30pm |
| * BG members only aged 14 years and over (Parental consent must be obtained if under 18 years of age) * The sessions are practical workshops so please come dressed appropriately. | |

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| Workshop Session | Description |
| Workshop 1 -  **An introduction to TeamGym** | A mixture of theory and practical introducing the concept of TeamGym and the apparatus involved. You will be given the opportunity to try out the floor, vault and tumble sections of TeamGym for yourselves.  Tutor: Candy Lakin |
| Workshop 2 –  **An Introduction to FreeG** | A practical workshop introducing ideas on how to include Freestyle Gymnastics into your club sessions. Basic Freestyle moves will be demonstrated and you will be given the opportunity to ask any questions around Freestyle and have a go yourself, if you wish. Tutor: Craig Richardson |
| Workshop 3  **An Introduction to GymFit & Gym Challenge** | GymFit: A programme focussed on the 12+ age group which aims to improve general fitness and physical condition via a series of strength and conditioning exercises which are split into upper body, lower body, core and cardiovascular activities. These activities are categorised into beginners, intermediate and advanced work cards. This practical session will provide ideas on how to deliver GymFit sessions in various formats.  Gym Challenge: A programme focussed on the 11+ age group in the form of a mass participant team competition, which is multidisciplinary and open to all. Each challenge is categorised into difficulty levels, 1-3. The practical session will introduce you to a series of the challenges. You will cover how to organise and deliver the event including how to score each challenge. Tutor: Gemma Barton |

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| Name: | DOB: | |
| Name: (as you would like it to appear on your accreditation) | | |
| BG Membership number: | BG Membership Level Bronze / Silver / Gold | |
| Address: | | |
| Contact number: | Contact email: | |
| Club: | | |
| Current Coaching Qualifications: | | |
| Emergency Contact Information: |  | |
| Name: | Relationship: | |
| Tel number: | Email: | |
| **Payment enclosed: £30.00 Cheque payable to British Gymnastics** | | |
| **Important information required** | | |
| Please state if you have any medical conditions or if you are currently taking any medication. Please also list any allergies you have to medication.(Please give details below): | | |
| Please provide details of your doctor:  Doctors name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Do you have any special dietary requirements or allergies? Yes / No *(hot food will be provided)*  If yes, please specify: | | |
| *Do you consider yourself to have a disability? Yes / No*  *If Yes what is the nature of this disability and do you require support in any of the workshops Yes/ No* | | |
| I consider that I am/my child is physically fit and healthy and consider myself/my child capable of taking part in the course. I confirm I have sought medical advice if appropriate.  .  I understand photographs / film footage will be taken during the conference. These images/ footage will be used by British Gymnastics and their partner organisations, for promotional purposes, including inclusion on the BG website, in newsletters / publications, or for use in other appropriate promotional media. These images will be securely stored and will not in any way be altered for inappropriate use. | | |
| Delegate’s Signature: | | Date: |
| Parent Signature if under 18 years old: | | Date: |