## Amber Valley GA Levels 1 – 4 Floor and Vault competition

## Competition Entrance Form – Disability Gymnasts



Hosted by Amber Valley Gymnastics Academy

Please complete and return this entry form to jack.duggan@british-gymnastics.org

## Competition details

|  |  |
| --- | --- |
| **Venue** | Amber Valley Gymnastics Academy |
| **Time:** | 9:00am | **Date(s):** | 27/10/2019 |
| **Competition organiser:** | Jack Duggan | 07584517635 | Jack.duggan@british-gymnastics.org  |

## Club details

|  |  |
| --- | --- |
| **Club name:** | [Insert name] |
| **Club contact name and number:** | [Insert contact name] | [Insert contact number] | [Insert contact email] |
| **Expected/estimated number of spectators:** | [Insert estimate no. of spectators] |

## Judges’ details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Most relevant ‘judging’ qualification** | **BG no.** | **Contact no.** | **Emergency contact no.** |
| [Insert name] | [Qualification] | [Insert BG no.] | [Insert no.] | [Insert no.] |
| [Insert name] | [Qualification] | [Insert BG no.] | [Insert no.] | [Insert no.] |

If you can nominate more than one qualified judge that would be ideal to support the competition. If you don’t have a judge, please contact the British Gymnastics Competition Coordinator to discuss support options.

## Coaches’ details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Most relevant ‘coach’ qualification** | **BG no.** | **Contact no.** | **Emergency contact no.** |
| **Supervising coach** |
| [Insert name] | [Qualification] | [Insert BG no.] | [Insert no.] | [Insert no.] |
| **Assisting coaches** (where appropriate) |
| [Insert name] | [Qualification] | [Insert BG no.] | [Insert no.] | [Insert no.] |
| [Insert name] | [Qualification] | [Insert BG no.] | [Insert no.] | [Insert no.] |
| [Insert name] | [Qualification] | [Insert BG no.] | [Insert no.] | [Insert no.] |
| **Volunteer** (where appropriate) |
| [Insert name] | [Qualification] | [Insert BG no.] | [Insert no.] | [Insert no.] |
| [Insert name] | [Qualification] | [Insert BG no.] | [Insert no.] | [Insert no.] |

**Note:** BG coaching ratios still apply.

## Display’ details

|  |  |  |
| --- | --- | --- |
| **Team/Individual name** | **Display type** | **Number of gymnasts** |
| **Male** | **Female** |
| [Insert name] | [Insert brief description] | [Insert no.] | [Insert no.] |
| [Insert name] | [Insert brief description] | [Insert no.] | [Insert no.] |

## Volunteers’ details

This is to support the running of the event.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Role interested in** | **Contact no.** | **Emergency contact no.** |
| [Insert name] | [Role] | [Insert no.] | [Insert no.] |
| [Insert name] | [Role] | [Insert no.] | [Insert no.] |

## Gymnasts’ details

Please list entries in order or level and age e.g. Under 8 – Age 5

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Gymnast name** | **Gender** | **D.O.B.** | **BG no.** | **Category** |
| [Insert name] | [Gender] | [Insert D.O.B.] | [Insert no.] | [Category] | [Age] | [Impairment] | [Opportunity to state details of impairment and additional needs for individual] |
| [Insert name] | [Gender] | [Insert D.O.B.] | [Insert no.] | [Category] | [Age] | [Impairment] | [Opportunity to state details of impairment and additional needs for individual] |
| [Insert name] | [Gender] | [Insert D.O.B.] | [Insert no.] | [Category] | [Age] | [Impairment] | [Opportunity to state details of impairment and additional needs for individual] |
| [Insert name] | [Gender] | [Insert D.O.B.] | [Insert no.] | [Category] | [Age] | [Impairment] | [Opportunity to state details of impairment and additional needs for individual] |
| [Insert name] | [Gender] | [Insert D.O.B.] | [Insert no.] | [Category] | [Age] | [Impairment] | [Opportunity to state details of impairment and additional needs for individual] |
| [Insert name] | [Gender] | [Insert D.O.B.] | [Insert no.] | [Category] | [Age] | [Impairment] | [Opportunity to state details of impairment and additional needs for individual] |
| [Insert name] | [Gender] | [Insert D.O.B.] | [Insert no.] | [Category] | [Age] | [Impairment] | [Opportunity to state details of impairment and additional needs for individual] |
| [Insert name] | [Gender] | [Insert D.O.B.] | [Insert no.] | [Category] | [Age] | [Impairment] | [Opportunity to state details of impairment and additional needs for individual] |
| [Insert name] | [Gender] | [Insert D.O.B.] | [Insert no.] | [Category] | [Age] | [Impairment] | [Opportunity to state details of impairment and additional needs for individual] |
| [Insert name] | [Gender] | [Insert D.O.B.] | [Insert no.] | [Category] | [Age] | [Impairment] | [Opportunity to state details of impairment and additional needs for individual] |
| [Insert name] | [Gender] | [Insert D.O.B.] | [Insert no.] | [Category] | [Age] | [Impairment] | [Opportunity to state details of impairment and additional needs for individual] |
| [Insert name] | [Gender] | [Insert D.O.B.] | [Insert no.] | [Category] | [Age] | [Impairment] | [Opportunity to state details of impairment and additional needs for individual] |
| [Insert name] | [Gender] | [Insert D.O.B.] | [Insert no.] | [Category] | [Age] | [Impairment] | [Opportunity to state details of impairment and additional needs for individual] |
| [Insert name] | [Gender] | [Insert D.O.B.] | [Insert no.] | [Category] | [Age] | [Impairment] | [Opportunity to state details of impairment and additional needs for individual] |
| [Insert name] | [Gender] | [Insert D.O.B.] | [Insert no.] | [Category] | [Age] | [Impairment] | [Opportunity to state details of impairment and additional needs for individual] |
| [Insert name] | [Gender] | [Insert D.O.B.] | [Insert no.] | [Category] | [Age] | [Impairment] | [Opportunity to state details of impairment and additional needs for individual] |
| [Insert name] | [Gender] | [Insert D.O.B.] | [Insert no.] | [Category] | [Age] | [Impairment] | [Opportunity to state details of impairment and additional needs for individual] |
| [Insert name] | [Gender] | [Insert D.O.B.] | [Insert no.] | [Category] | [Age] | [Impairment] | [Opportunity to state details of impairment and additional needs for individual] |
| [Insert name] | [Gender] | [Insert D.O.B.] | [Insert no.] | [Category] | [Age] | [Impairment] | [Opportunity to state details of impairment and additional needs for individual] |
| [Insert name] | [Gender] | [Insert D.O.B.] | [Insert no.] | [Category] | [Age] | [Impairment] | [Opportunity to state details of impairment and additional needs for individual] |

If you wish to enter additional gymnasts, please complete another entry form.

None photo/video consent

Please state any gymnasts that don’t have consent for photo/video to be taken (see handbook for further details).

|  |  |
| --- | --- |
| **Name(s):** | [Insert name(s)] |