## Grade 1-2 development GfA ACRO competition

## Competition Entrance Form – Disability Gymnasts



Hosted by Salto Gymnastics Club

Please complete and return this entry form to polly.hucker@british-gymnastics.org

## Competition details

|  |  |
| --- | --- |
| **Venue** | Salto Gymnastics Club |
| **Time:** | 9.00 | **Date(s):** | 22/09/2019 |
| **Competition organiser:** | Polly Hucker | 07584515030 | Polly.hucker@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 category. Upon submitting your entry you will also need to send the competition organiser the names of gymnasts that are in partnership together along with the grade they are competing.

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

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

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

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [Insert name] | [Gender] | [Insert D.O.B.] | [Insert no.] | Category | Pair/ Trio | Age | [Impairment] | [Opportunity to state details of impairment and additional needs for individual] |
| [Insert name] | [Gender] | [Insert D.O.B.] | [Insert no.] | Category | Pair/ Trio | Age | [Impairment] | [Opportunity to state details of impairment and additional needs for individual] |
| [Insert name] | [Gender] | [Insert D.O.B.] | [Insert no.] | Category | Pair/ Trio | 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)] |