

# PANTHERS SNOWFLAKE CLASSIC 2019



## Panthers take great pleasure in inviting you to the **13<sup>th</sup> SNOWFLAKE CLASSIC INVITATIONAL**

DATE: Friday, **January 18<sup>th</sup>**, 2019  
Saturday, **January 19<sup>th</sup>**, 2019  
Sunday, **January 20<sup>th</sup>**, 2019

LOCATION: Panthers Gymnastics Club  
1016 Marion Street  
Winnipeg, MB, R2J 0K8

MEET DIRECTOR: H el ene Desmarais (204) 232-4244 [pantherssnowflake@gmail.com](mailto:pantherssnowflake@gmail.com)

CATEGORIES & FEES:

<b>JO 1 to JO 4</b>	\$85
<b>JO 5 &amp; up</b>	\$100
<b>T&amp;T</b>	\$100

AWARDS & EQUIPMENT: As per the MGA technical regulations.

PAYMENT: Make one club cheque payable to: **Panthers Gymnastics Club.**

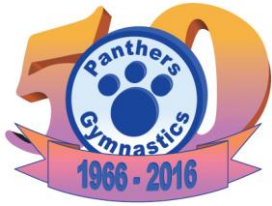
ENTRY PROTOCOL: **NEW!!!**  
**1-Excel File, Waivers and cheque must be received by deadline.**  
**2-Must be entered by computer on the Excel file provided by Panthers.**  
*(Open excel file, click on tabs at the bottom to select levels/categories.)*  
**3-Excel File must be sent back by email to: [pantherssnowflake@gmail.com](mailto:pantherssnowflake@gmail.com)**  
**Entries will be considered received when all 3 requirements have been met.**

CHANGES: You must use the form included in this document and e-mail it to the meet director. (Changes will be made when possible.)  
**No Changes accepted after Monday December 10<sup>th</sup>.**

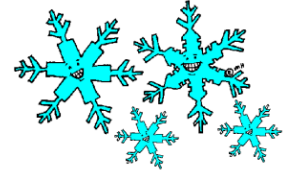
ENTRY DEADLINE: **No Registrations accepted after Friday November 16<sup>th</sup>.**

REFUND: **Only Medical Refund requests** will be accepted until **January 17<sup>th</sup>** and will be provided after receiving the **Refund Request Form** (last page) signed and accompanied by a **Doctor's Medical Report** for each athlete.  
A **\$40.00** administration fee will be retained on each refund.  
**No Refunds after January 17<sup>th</sup>.**

Schedule will be sent out to participating clubs only  
and posted by December 22<sup>th</sup>, on our website at:  
[www.panthersgymnastics.ca](http://www.panthersgymnastics.ca)



# PANTHERS SNOWFLAKE CLASSIC 2019



## Athlete's Waiver

In consideration of your acceptance of my participation, I, intending to be legally bound, do hereby, for myself, my heirs, executors, and administrators, waive and release and forever discharge any and all rights and claims for losses, damages and /or injuries which I may or may hereafter accrue to me against the Manitoba Gymnastics Association and the Panthers Gymnastics Club, or their respective officers, staff, agents, representative and / or assigns for any and all losses, damages and injuries which may be sustained and suffered by me in connection with my association with or entry in the Snowflake Classic 2019, any activities associated with, or which may arise out of my traveling to , participating in and returning from, said event.

\_\_\_\_\_  
Participant's Name (please print clearly)

\_\_\_\_\_  
Participant's Signature (only if over 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent /Guardian Name (please print clearly)

\_\_\_\_\_  
Parent /Guardian Signature (only if Participant is under 18)

\_\_\_\_\_  
Date

## Privacy Act Request

As per the Privacy Act, consent is required to publish your daughter's name and results in the media.

Please complete this form if you give permission to have your daughter's name, club and results posted on: The Panthers and MGA website and/or published in the newspaper and/or reported on TV and/or Radio.

This form must be signed by a parent/guardian if competitor is under 18 years of age.

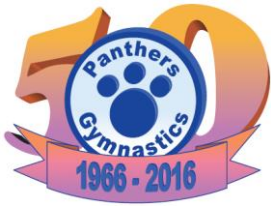
NAME: \_\_\_\_\_ (Print Parent, Guardian or Participant 18+)

I give consent to use my son/daughter's name, club and results achieved at the Snowflake Classic 2019 on January 18, 19 & 20, 2019 at Panthers Gymnastics Club, 1016 Marion Street, Winnipeg, to be included in media releases provided to all media as well as to be used on the Panthers and MGA website.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

### **FYI: Arriving at the Competition Venue (Panthers Gymnastics):**

**N.B.:** In the ultimate effort to create a great ambiance, minimize parking congestion and limiting the amount of people in the entrance, **we request that Spectators and Participants arrive a maximum of 15 minutes before the start of the session.** Thank you!



# PANTHERS SNOWFLAKE CLASSIC 2019



## Change(s) Request Form

CLUB \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

Phone#: \_\_\_\_\_ (Cell) \_\_\_\_\_ (Home)

Date: \_\_\_\_\_

**Change(s) requested:** (No changes accepted after December 10<sup>th</sup>)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Panthers will do its best to accommodate your request. If we are unable to complete the requested change(s), you will be notified.

Head Coach Name: \_\_\_\_\_

Head Coach Signature: \_\_\_\_\_

**File must be sent back by email to: [pantherssnowflake@gmail.com](mailto:pantherssnowflake@gmail.com)**

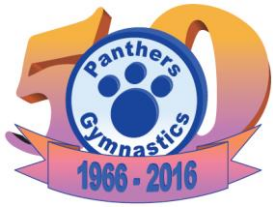
(Office use only)

Date received: \_\_\_\_\_

Response: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Meet Director's Signature: \_\_\_\_\_



# PANTHERS SNOWFLAKE CLASSIC 2019



## Refund(s) Request Form

CLUB \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

Phone#: \_\_\_\_\_ (Cell) \_\_\_\_\_ (Home)

Date: \_\_\_\_\_

As per the technical Package states, Refund request(s) will be accepted until January 17<sup>th</sup> and will be provided after receiving this form, accompanied by a Signed Doctor's Medical Report. A \$40.00 administration fee will be retained on each refund. **No Refunds after January 17<sup>th</sup>.**

### **Refund requested for:**

Athlete's Name: \_\_\_\_\_ Category: \_\_\_\_\_

Reason(s) for refund: \_\_\_\_\_  
\_\_\_\_\_

Doctor's Med. Report included: Yes ( ) No ( ) Office use only: ( )

Athlete's Name: \_\_\_\_\_ Category: \_\_\_\_\_

Reason(s) for refund: \_\_\_\_\_  
\_\_\_\_\_

Doctor's Med. Report included: Yes ( ) No ( ) Office use only: ( )

Athlete's Name: \_\_\_\_\_ Category: \_\_\_\_\_

Reason(s) for refund: \_\_\_\_\_  
\_\_\_\_\_

Doctor's Med. Report included: Yes ( ) No ( ) Office use only: ( )

Head Coach's Name: \_\_\_\_\_

Head Coach's Signature: \_\_\_\_\_

**File must be sent back by email to: [pantherssnowflake@gmail.com](mailto:pantherssnowflake@gmail.com)**