



Organized by:
The Gymnastics Association of Hong Kong, China

Subvented by:
Leisure and Cultural Services Department

Hong Kong Artistic Gymnastics Open & Novice Championships 2016-17 [Directives]

1. Aim: to enhance skill level of gymnastics and identify potential gymnasts in Hong Kong
2. Competition Dates & Venue:

Date	Time	Venue
14 January, 2017 (Sat)	08:00-19:00	Ma On Shan Sports Centre
15 January, 2017 (Sun)		

- 2.1 The competition dates will be arranged based on the number of participants. The above schedule is for reference only.

3. Competition Level & Event:

[Men]

Level/ Event	Floor Exercise	Pommel Horse	Still Rings	Vault	Parallel Bars	Horizontal Bar
Open (Senior)	✓	✓	✓	✓	✓	✓
Open (Junior)	✓	✓	✓	✓	✓	✓
Elementary	✓	---	---	✓	✓	✓
Novice	✓	---	---	✓	---	---

[Women]

Level/ Event	Vault	Uneven Bars	Balance Beam	Floor Exercise
Open (Senior)	✓	✓	✓	✓
Open (Junior)	✓	✓	✓	✓
Elementary	✓	✓	✓	✓
Novice	✓	---	✓	✓

- 3.1 Individual All-Around and Individual Event are included
- 3.2 『✓』 indicates the available event for application
- 3.3 Any individual events with less than 3 entries will be cancelled and refunds will be made accordingly.

4. Eligibility:

- 4.1 Each gymnast can participate in one level only. Gymnasts who participated in previous Hong Kong Artistic Gymnastics Open & Novice Championships can be applicable for the same or the next higher level only.
- 4.2 Except Open level, gymnasts who have been awarded top 3 in Individual All-Around or Individual Event(s) in previous Hong Kong Artistic Gymnastics Open & Novice Championships must be promoted to the next higher level.
- 4.3 Except Squad B, all current gymnasts in Hong Kong Artistic Gymnastics Squad are applicable for participating in Elementary level or above.

4.4	Men	Senior	18 or above (born on or before 31 December, 1998)
		Junior	17 or below (born on or after 1 January, 1999)
	Women	Senior	16 or above (born on or before 31 December, 2000)
		Junior	15 or below (born on or after 1 January, 2001)

4.5 Participants in Elementary and Novice level must be born on or after 1 January, 1999.

5. Enrollment Details:

5.1 Entry Fee: 1) \$70 for each gymnast in individual event categories;
2) Add \$20 for insurance fee for each gymnast

5.2 Please mail the application form with the copy of personal identification document and the cheque made payable to “The Gymnastics Association of Hong Kong, China” to the following address: Room 1002, Olympic House, 1 Stadium Path, So Kon Po, Causeway Bay, Hong Kong. Please write down the name of participant, contact number, competition level and “HK AG Open 2016” on the back of the cheque.

Any applications by fax, email and post-dated cheque are NOT accepted.
Closing Date: 21 November, 2016 (Mon). No late or incomplete applications will be considered.

5.3 Please mail the Application Form for Coach Accreditation Card with photo before **21 November, 2016 (Mon)** to our Association. **No late or incomplete applications will be considered.**

6. Rules & Regulations:

6.1 For the details of routines, scoring schemes and apparatus please refer to our website www.gahk.org.hk.

6.2 The competitions will take place according to FIG Code of Points 2013~2016.

6.3 No appeals will be entertained for this competition after the Referees have confirmed a decision.

6.4 A competitor code and a competition numbered-bib will be distributed for each participant on competition day.

6.5 There will be a deduction of points for competitors not meeting the requirements according to FIG Code of Points 2013~2016.

6.6 Gymnasts in Women’s Open (Senior), Open (Junior) and Elementary must perform Floor Exercise with music, otherwise points will be deducted. Participants must submit the music file with mp3 format, save file name as “Full Name_competition level” and send to agcpmusic@gmail.com **before 1 December, 2016 (Thur)** or submit music CD with marking the participants’ name and competition level in Team Managers Meeting. Please bring a USB or CD for spare on competition day.

7. Scoring & Award:

7.1 The points scored in each individual event will be counted for the Individual All-Around.

7.2 Top 3 of all level in Individual All-Around and individual event will be awarded a medal and a certificate while top 4-8 will be awarded a “Certificate of Merit” .

7.3 N-1 system will be applied in case the total enrollment does not reach the total number of awards to be presented.

7.4 Participants of Open – Senior & Junior will be awarded if they achieve a score 6.00 or above.

8. Team Managers Meeting:

The Team Managers Meeting will be held on **10 December, 2016 (Sat) at 12:00nn** at meeting room in Olympic House. Drawing of lots for competitors' order will be conducted and the competition information will be distributed. Participants can assign representative to attend the meeting. Please fill in the reply slip of "The Team Managers Meeting" and return to our association by fax 2882 8590 or mail **on or before 21 November, 2016 (Mon)**.

9. Others:

9.1 Unless stipulated, all rules and regulations will follow The Gymnastics Association of Hong Kong, China.

9.2 According to our policy, all enrolled participants must pay for the insurance fee (i.e. Personal Accident Insurance) in addition to the entry fee for the event. Participants can purchase extra insurance due to specific needs. You may find more details on the insurance coverage in our website and read the Physical Activity Readiness attached in Appendix I.

9.3 If any participant(s) is/are found to be impostors, the Organizer will have the right to order him/her/them to withdraw from the competition and his/her/their result(s) in the competition will be cancelled. Enrolment fee will not be refunded.

9.4 **All Coaches must wear the valid Coach Accreditation Card to enter the competition zone.** Please kindly find the application form for the Coach Accreditation Card for more details. **No late or incomplete applications will be considered.**

9.5 For the awardees, please collect the certificates at our office **from 15 February 2017 to 15 March 2017**, failure to do so constitutes forfeiture.

9.6 The Gymnastics Association of Hong Kong, China has the right to make any necessary changes and its decision will be final.

10. Enquiries :

Tel: 2504 8233

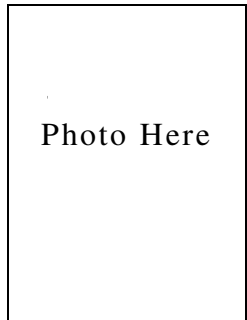
Website: www.gahk.org.hk

The Gymnastics Association of Hong Kong, China
Hong Kong Artistic Gymnastics Open & Novice
Championships 2016-17

Closing Date:
21 November, 2016
(Mon)

Application Form

Name: _____(Eng)_____ (Chi)
 Gender: M / F DOB: _____ YYYY MM DD Age: _____
 Address: _____
 Tel: _____ Email: _____ (required)



Remark: Participant has to submit the copy of personal identification document

Level & Event (Please tick appropriate boxes):

Elementary Level of Men's & Women's: ☆Please circle the appropriate height of Vault

Men						
Level/ Event	Floor Exercise	Pommel Horse	Still Rings	Vault	Parallel Bars	Horizontal Bar
Open (Senior)						
Open (Junior)						
Elementary		---	---	☆(1.15m / 1.25m)		
Novice		---	---		---	---

Women				
Level/ Event	Vault	Uneven Bars	Balance Beam	Floor Exercise
Open (Senior)				
Open (Junior)				
Elementary	☆(1.15m/ 1.25m)			
Novice		---		

*Name of Coach : _____ (Required) Contact No. : _____

*Signature of Coach : _____ (Required)

Declaration

***Signature from participants aged 18 or above /**

#Signature from the parents / guardians of participants aged below 18

I certify that I am entering this competition at my risk and responsibility. I agreed to abide by the regulations, policies and anti-doping policy of The Gymnastics Association of Hong Kong, China. I for myself, my executors and administrators, do hereby waive and release, any and all rights, claims and causes of action I have or may have against The Gymnastics Association of Hong Kong, China and all sponsors, promoters, supporters and all other contributors from any and all liability arising from illness, injury death, loss and economic consequences I may suffer as a result of my entry in this event from any cause whatsoever, including negligence. I certify that I am physically fit and sufficiently trained to compete for the completion of this event. I grant permission and assign all rights, title and interest to the organizer to utilize my appearance, name voice biodata and likeness in connection with the race in any and all media throughout the world in perpetually and agree to waive any rights of inspection or approval associated.

I have read and understood the declaration and Physical Activity Readiness (Appendix I).

*Signature of Participants : _____

Signature of Parents/Guardians : _____

Name of Parents/Guardians : _____

Date : _____

The Gymnastics Association of Hong Kong, China

Physical Activity Readiness

1. I certify that:
 - My doctor has never said that I have a heart condition and that I should only do physical activity recommended by a doctor.
 - I have never felt pain in my chest when I do physical activity.
 - In the past month, I did not have had chest pain when I was not doing physical activity.
 - I have never lost my balance because of dizziness or I have never lost consciousness.
 - I do not have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in my physical activity.
 - My doctor is not currently prescribing drugs (for example, water pills) for my blood pressure or heart condition.
 - I do not know of any other reasons why I should not do physical activity.
2. It is suggested that you should determine your basic fitness so that you can have the best planning when doing physical activity. It is also highly recommended that you have your blood pressure evaluated and consult your doctor before you join the event.
3. If you are not feeling well because of a temporary illness such as cold or fever, please join the event after you feel better.
4. If you are or may be pregnant, please talk to your doctor before you join this event.
5. You should start the activity slowly and build up gradually. This is the safest and easiest way to go.
6. If you have the above health changes, tell your doctor or the coach. Ask whether you should continue this event.
7. If you know of any other reasons such as safety, disease, or condition changes that may influence you to join the event, you should notice the GAHK in writing.
8. If necessary, the GAHK has the right to request your medical certificate for reference.
9. If you have any questions of this physical activity readiness, please consult your doctor before you join the event.

The Gymnastics Association of Hong Kong, China
Hong Kong Artistic Gymnastics Open & Novice Championships 2016-17

Application Form for Coach Accreditation Card

Notes for Coaches

1. Applicants must be a valid Artistic Gymnastics Registered Coach of The Gymnastics Association of Hong Kong, China (GAHK)*.
2. **All Coaches must wear the valid Coach Accreditation Card to enter the competition zone.** Non Coach Accreditation Card holders are not allowed to enter the competition zone.
3. The list of applicants will be uploaded to our website on 7 December, 2016 (Wed). Coach Accreditation Cards will be issued on competition day.
4. Please fill in the form below, affix a recent passport size photo and return to us by post **on or before 21 November, 2016 (Mon).** **No late or incomplete applications will be considered.** Thank you for your cooperation.

* For details of GAHK Coach Registration, please visit the following link:
<http://www.gahk.org.hk/p4.htm>

Application Form for Coach Accreditation Card

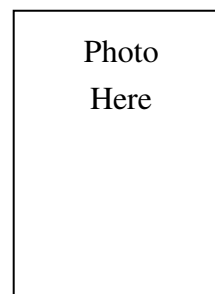
Name of Coach: _____ Contact No. : _____

Email: _____

Address: _____

Names of Gymnasts & Competition Level	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	

**Hong Kong Artistic Gymnastics Open &
Novice Championships 2016-17**
Coach Accreditation Card



Name: _____

Code: _____
(For official use only)

Remark: Please supplement with separate sheets if necessary

The Gymnastics Association of Hong Kong, China
Hong Kong Artistic Gymnastics Open & Novice Championships 2016-17

Reply Slip
The Team Managers Meeting

Date: 10 December, 2016 (Sat)

Time: 12:00nn

Venue: Olympic House (Meeting Room)

Address-Room 1002, Olympic House, 1 Stadium Path, So Kon Po, Causeway Bay

- I will attend the Meeting
- I will assign a representative (Gymnast's Name: _____) to attend the Meeting.
- I will not attend the Meeting.

Please ✓ for appropriate box and return to our association by fax 2882 8590 or mail on or **before 21 November, 2016 (Mon)**.

Signature: _____

Name: _____

Contact No.: _____

Date: _____