



Inclusion Policy and Guidelines 2016

1. General Information

1.1. Introduction

It is important for those individuals with disabilities to have the opportunity to pursue a variety of physical activities, which allows them to experience the health and wellness benefits of participation. Organizations such as the Canadian Sport for Life (CS4L), recognize gymnastics as a fundamental sport instrumental in the development of physical literacy. Physical literacy is “the mastering of fundamental movements and fundamental sport skills that permit a child to read their environment and make appropriate decisions, allowing them to move confidently and with control in a wide range of physical activity situations. It supports long term participation and performance to the best of one’s ability.” In order to effectively encourage successful participation of individuals with disabilities in the sport of gymnastics clear policies must be outlined. It is the intent of this document to assist various clubs and recreation facilities with the tools to offer, inclusive and safe gymnastics programming.

The policies and guidelines found in this document have been developed by the Alberta Gymnastics Federation (AGF) and adapted from Gymnastics Ontario, to maximize the safety of all its members. All member clubs have the right to decide the types of programs they offer to their membership. All programs should be safe and provide individuals with the opportunities to experience success.

It is important when developing programs for persons with disabilities to review the Long Term Athlete Development (LTAD) by Gymnastics Canada, as well as Canadian Sport for Life and recognize that those with disabilities may move through these stages differently than their able-bodied counterparts. Key to this is the addition of two other stages in the LTAD model; awareness (informing of opportunities available) and first contact (positive experience). Please refer to “coaching Athletes with Disabilities” Appendix 1)

1.2 Mission Statement

The intent of Inclusive Gymnastics is to support athletes, families, coaches, and facilities with the knowledge, resources and experiences, so that all gymnasts’ needs may be met in a fun, competent, caring and inclusive environment.

1.3 Definitions

Individuals who have intellectual or physical challenges, or have medical condition(s) that might require modifications to gymnastics programming to suit their needs, (eg. Visual impairment, cerebral palsy, polio, downs syndrome, hearing impairment, autism, spina bifida, etc ...) or have medical or mental or physical condition(s) that for safety reasons the club should be made aware of (eg. Hydrocephalus requiring a shunt, downs syndrome, predisposition to seizures, prosthesis, etc...) Disabilities can be physical, cognitive, mental, sensory, and emotional and developmental or a combination of the aforementioned and can be acquired or congenital.

Acquired disabilities – acquired disabilities are those occurring as a result of an injury or illness, such as spinal cord or brain injuries.

Congenital disabilities – congenital disabilities are those originating at birth such as cystic fibrosis, downs syndrome, Autism, and spinal bifida.

Accessibility- promotion of the functional independence of individuals through the elimination of disadvantages

Adapt- to change something (the activity or environment, not the individual) to make more suitable

Disability- delayed circumstances or functional ability resulting from impairment.

Impairment- anatomic, physiological or functional loss, which may or may not result in a disability

Inclusion- the process whereby everyone is included in a program, service or other component of society. The key word is include.

*For more information regarding recommendations and considerations for specific disabilities d refer to the “Coaching Athletes with Disabilities” (Appendix 1) published and available from the Coaching Association of Canada. www.coach.ca/generalresorces-s15478

2. Program Structure

2.1 Personnel

It is recommended that clubs or facilities consider the implementation of the following:

Program Coordinator/ Head coach

- Person to liaise with parents of participants with disabilities, coaches, and technical advisors
- Ensure that all required paperwork is completed and submitted to the PSO prior to the commencement of any programs for persons for disabilities.
- Ensure that all assistants provided by the participant or by the Club are registered with their PSO.
- In consultation with the Disabilities Technical Advisor, the Head Coach/Program Coordinator will develop modified programs.
- Identify any specialized equipment and/or facilities needed for the program/instruction of applicants with disabilities.
- Selects qualified coaches and provides any special “gymnastic” information needed for the coaches to properly instruct individuals with disabilities.
- Regularly monitor each coach’s instruction and overall program.
- Complete assessment form

Technical Advisor

AGF encourages all clubs and program coordinators to consult with experts when developing programming.

- The Disabilities Technical Advisor shall be a: Physician, Physical therapist, Occupational Therapist or any person Qualified to conduct Functional Assessments.
- The Disabilities Technical Advisor will advise the Head Coach/Program Coordinator of any limitations or safety measures that should be considered during the development of the program for each participant.
- This could be an individual that the club has an established relationship with or an individual already working with the registered member with disabilities that can advise and assist in appropriate and safe program development.

2.2 Coaching Criteria

All coaches working in the realm of inclusion gymnastics must be Level 2 certified. Individuals may mentor, if they are GF certified and working under direct supervision of Level 2 certified coaches.

GF Trampoline is required is the use of trampoline equipment is used.

GF Active Start is required regardless of age of participant.

It is also recommended that coaches obtain: NCCP Special Olympics – competitive, and Non-Crisis Intervention

Prior to an individual with a disability participating in the class, the coach will review the Special Conditions Information Form (Form B), the Abilities and Limitation Form (Form C) and any recommendations made by the Special Needs Technical Advisor (as required) and the Head Coach/Program Coordinator for that individual. It is recommended that the coach is aware of characteristics associated with and the implications that need to be considered when planning so that practical programming could be applied.

The Head Coach/Program Coordinator must have successfully completed NCCP Level 2 component from each of the discipline on which the special needs program/ instruction is based.

It is strongly encouraged that those individuals coaching persons with disabilities take advantage of any workshops or continuing education in Special and Adaptive Physical Education. Please check the AGF calendar of events for a listing of upcoming courses.

2.3 When a Participant Consent and Medical Information Form (Form A) disclose the presence of a medical condition that may affect the individual's participation in any program activities, the Club will then assess the individual.

Each individual identified as a candidate will be assigned to one of the following groups:

Group 1: Fully integrated/mainstreamed

Group 2: Integrated/mainstreamed with an assistant

Group 3: Recommended to a modified program that best suits his/her ability level/needs

Group 4: Individuals not recommended for some or all gymnastics disciplines based on medical and safety reasons

2.4 The club should keep on file: all Participant Consent and Medical Information Forms (Form A), all special Conditions Information Forms (Form B), Abilities and Limitations Forms (Form C) and where applicable all completed Technical Advisors' recommendations.

These forms may be requested at any time. In the event an accident should occur the appropriate consent and medical forms must accompany the Accident Incident Report form to the insurance company.

These forms are to be strictly confidential and only staff involved in inclusion program should have access.

3.0 Forms

NOTIFICATION AND ASSUMPTION OF RISK, CONSENT TO FIRST AID TREATMENT, AND RELEASE OF LIABILITY AND WAIVER OF CLAIMS

FIRST NAME:	LAST NAME:	DATE of BIRTH:	GENDER:
ADDRESS STREET:		CITY:	PROVINCE
POSTAL CODE:	PARENT/GUARDIAN NAME:		TELEPHONE:
EMERGENCY CONTACT		TELEPHONE:	CLUB NAME:

Description of Risks:

I am aware that gymnastics, acrobatics, fitness and similar activities involve inherent risks, dangers and hazards that are associated with unique movement patterns and skills, which may, in some circumstances be executed on specialized apparatus. **I acknowledge that personal harm or injury may be sustained during my/my child/children involvement in the activity, including but not limited to broken bones, head injuries, dislocations, tendon and ligament damage, damage to teeth and dental work, spinal injuries that could result in various degrees of paralysis or death. I acknowledge and assume the potential risks and consent to my/my child/children participation.**

The risk of negligence on the part of the Gymnastics Club and its employees, volunteers and representatives, including the failure on the part of some to take reasonable steps to safeguard or protect the participants from the risks, dangers and hazards of participating in gymnastics, acrobatic, fitness and similar activities.

Consent to Participation:

- I/my child have/has been informed that I/he/she is to abide by the rules and regulations including directions and instructions from the administrators, instructors, and supervisors as imposed on me/my child/children while participating in the program.
- In the event that I/my child fails to abide by the rules and regulations imposed on me/my child/children while participating in the program, disciplinary action may either require that I/he/she not participate in the program or activity, or that I will leave/be contacted to have my child picked up or transported home at my own expense.
- I acknowledge that it is my responsibility to notify the staff of any physical or mental concerns for me/my child which may affect my/my child's participation in the program.
- I acknowledge that the program may require an instructor to perform some manual spotting which involves direct physical contact with my child and designed to assist the participant in the safe performance of the program skills.

Waiver of Liability

I confirm that I have read the above description of risks and understand the risks involved in participating in the Gymnastics Club's program [and/or other named activities]. I confirm that I voluntarily and freely accept all such risks, and choose to participate/allow my child to participate in the Gymnastics Club's program [and/or other named activities]. I accept full responsibility for my own/my child's actions.

In consideration of my/my child's being allowed to participate in the Gymnastics Clubs program [and/or other named activities], I hereby agree as follows:

To waive any and all claims that I have or may have in the future against, and to release from any and all liability, the Gymnastics Club, its elected directors and officers, employees, agents, volunteers, and representatives, or any of them in connection with or participation in the Gymnastics Club's program (collectively, the **Releasees**), for any and all of the following:

- Personal injury;
- Death;
- Property damage; and/or
- Loss

Medical/Emergency

I hereby authorize basic first aid to be delivered to me/my child by the club staff or other authorities. By administering first aid when required or requested, the Gymnastics Club in no way warrants or assumes any liability in relation to the administration of such basic first aid.

I further understand and agree that, in the case of an emergency, the Gymnastics Club assumes no responsibility or obligation relative to any cost or expense related to carrying out an emergency procedure and/or emergency transportation for me, my child/children, and I agree to pay for such costs and expenses and shall indemnify and reimburse the Gymnastics Club for any such costs or expenses that it incurs.

I CONFIRM THAT I HAVE READ, COMPLETED AND UNDERSTAND THIS LEGAL AGREEMENT, I AGREE TO BE BOUND BY ITS TERMS, AND I AM AWARE THAT BY SIGING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS AGAINST THIS GYMNASTICS CLUB INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT.

Signed this _____ day of _____, 20____ at _____

Signature of Participant (if over 18 years of age)

Signature of Witness

*Please note this form is available of the AGF website and should be filled in by ALL registered participants



EMERGENCY CONTACT INFORMATION

IN THE CASE OF AN EMERGENCY INVOLVING THE <u>PARTICIPANT</u> , PLEASE CONTACT ONE OF THE FOLLOWING INDIVIDUALS		
1.	NAME	HOME PHONE
	RELATIONSHIP	CELL PHONE
	ADDRESS	
2.	NAME	HOME PHONE
	RELATIONSHIP	CELL PHONE
	ADDRESS	
3.	NAME	HOME PHONE
	RELATIONSHIP	CELL PHONE
	ADDRESS	



FORM B - SPECIAL CONDITIONS INFORMATION FORM

NAME OF PARTICIPANT _____

PLEASE CHECK

CONDITION This section is to be completed by a parent, guardian, caregiver, counselor, physician, physical therapist, occupational therapist or education/teacher who is familiar with the ability level and limitations of the participant			
	VISUAL OR HEARING IMPAIRMENT		
	DIFFICULTY IN COMPREHENDING INSTRUCTIONS		
	SEVERE ALLERGIES (EPINEPHRINE REQUIRED)		
	DEVELOPMENTALLY DELAYED		
	ATTENTION DEFICIT DISORDER		
	ASTHMATIC (prone to attacks)		
	PROSTHESIS		
	LIMITED RANGE OF MOTION DUE TO INJURY, SURGERY, OR OTHER <i>Specify</i>		
	ANY OTHER CONDITION THAT IS NOT ALREADY LISTED AND SHOULD BE DISCLOSED <i>Specify</i>		
	SPINA BIFIDA		
	CEREBRAL PALSY		
	MUSCULAR DYSTROPHY		
	HYDROCEPHALUS (SHUNT)		
	VISUAL IMPAIRMENT		
	POLIO		
	AUTISM		
	PREDISPOSITION TO SEIZURES		
	USHER'S SYNDROME		
	ANY OTHER CONDITION THAT COULD RESULT IN POSSIBLE LIMITATIONS DURING PARTICIPATION IN A GYMNASTIC CLASS <i>Specify</i>		
	DOWN'S SYNDROME - If yes, please complete atlanto-axial section		

- 1) What are the anticipated goals in attending a gymnastics programs?

- 2) If an assistant is recommended, who will be accompanying the participant?
Name _____ Relationship _____
- 3) Are there any limitations or skills that the individual should not be doing? (i.e. range of motion, special devices, forward rolls, etc.)

- 4) How does the individual learn best? (Visuals/Picture schedules, sensory items, timers, first/then schedules, etc)

- 5) Does the participant understand simple instructions?

- 6) How does the individual communicate? (Visuals, eye contact, verbally, sign language, etc)

- 7) What motivates the individuals?

- 8) A gym is a noisy and busy place. How does the individual react/respond in this type of environment?

- 9) What calms the individuals?

- 10) What are the symptoms to look for if the participant is confused, distressed, frightened or tired?

- 11) What are the most effective methods to reward the participant?

- 12) Any addition information we need to know about the individuals (Behaviours, strategies/techniques used at home or in schools, etc)

Form completed by (print name): _____

Signature: _____

Relationship to participant: _____

Date: _____



FORM D – SPECIAL NEEDS POLICY- Downs Syndrome

Notice to all Downs Syndrome participants:

According to the Special Olympics, participation in gymnastics and similar activities by those individuals who have a positive gap greater than or equal to .5cm in the C1 and C2 vertebrae in the neck, could potentially result in "injury if they participate in activities that hyperextend or radically flex the neck or upper spine." The atlanto-axial joint stability can be compromised due to slack ligaments. When the ligaments are not slack the atlanto-axial joint moves however if the ligaments are slack the atlas moves forward but the axis does not. Bruising of the spinal cord can result either over time or due to sudden shifts. As a result of this recommendation, Alberta Gymnastics Federation requests all participants with Downs Syndrome, who are potentially predisposed to this condition, to be x-rayed, in order to determine whether or not this condition is present. Should the gap be greater than .5cm, for the safety of the individual, Alberta Gymnastics Federation prohibits participation by this individual in any gymnastic activity.

<p>ATLANTO-AXIAL DISLOCATION EXAMINATION RESULT FORM</p> <p>NOTE: ALL DOWNS SYNDROME APPLICANTS MUST HAVE THE FOLLOWING SECTION COMPLETED BY THEIR DOCTOR</p> <p>This is to certify that _____ who has Downs Syndrome, has had x-ray taken (full extension and flexion of the neck) to determine a pathological displacement of C1 and C2.</p> <p>DATE OF X-RAY _____</p> <p>RESULTS Positive C1-C2 gap distance equal to or greater than .5 Negative C1-C2 gap distance less than .5</p> <p>(Please circle) Positive/Negative & Indicate gap distance: _____cm</p> <p>Physician's Name _____ Phone _____</p> <p>Signature _____ Date _____</p>

***While this form is not required but strongly encouraged by AGF, the program coordinator may choose to limit or restrict participation from certain activities (eg. Trampoline and inversion skills) Please sign the below acknowledging that you have read and are aware of the limitations that may occur.**

_____ **Signature** _____ **date**



FORM C – Assessment *FORM*

NAME OF PARTICIPANT _____

ACTIVITY This section is to be completed by Inclusion program coordinator and may be in consultation with caregiver, counselor, physician, physical therapist, occupational therapist or education/teacher who is familiar with the ability level and limitations of the participant	<i>Activity permitted?</i>			COMMENTS
	YES No limitations	YES With assistance	NO	
WEIGHT BEARING ON FEET				
WEIGHT BEARING ON HANDS & KNEES				
WEIGHT BEARING STOMACH (PRONE)				
WEIGHT BEARING BACK (SUPINE)				
WEIGHT BEARING HANDS (i.e. handstand)				
HANGING/SWINGING FROM HANDS				
JUMPING/SPRINGING ON MATS				
JUMPING (BOUNCING) ON TRAMPOLINE				
BOUNCING ON SEAT - TRAMPOLINE				
ROLLING forward or backward over neck				
ROLLING longitudinal (i.e. -log rolling)				
OTHER				

***To be completed by the Inclusion program coordinator for determination of group participant should be placed.**

4. Resources and Links

Special Olympics Alberta

Jill Mattson- Manager, Sport and Youth Development
Percy Page Building , 11759 Groat Road
Edmonton, AB
780-415-0719

Gateway Association

Sarah Preston, Office Manager
780-454-0701 ext. 101
www.gatewayassociation.ca/

ABC Head Start

Ann Babb, Community Coordinator
780-461-5353 ext. 229
annb@abcheadstart.org

Edmonton Down Syndrome Society

Linda Plomp
9139 39 Ave
Edmonton, AB T6E 5Y2
780-944-4224 ext. 221
linda@edss.ca

Genesis Early Learning Centre

Jennifer Manzulenko, RSW –Family School Liaison Worker
10537 44 Street
Edmonton, AB T6A 1W1
780-638-6815
Jennifer.manzulenko@ecsd.net

Autism – University of Alberta

Veronica Smith
Vs2@ualberta.ca

Centre for Autism

Gail Stanford- Community \$ Family Services Consultant for Autism Services Alberta
4752 99 Street
Edmonton, AB T6E 5H5
780-488-6600 ext. 216
gstanford@centreforautism.ab.ca
www.centreforautism.ab.ca

Autism society of Edmonton Area

Nicola Gaudet, BA – Office Administrator

#101 11720 Kingsway Avenue

Edmonton, AB T5G 0X5

780-453-3971

autism@autismedmonton.org

www.autismedmonton.org

Scott Robertson School

Sarah Russell

780-475-3565

Sarah.russell@epsb.ca

Transitions

Cathy Kirsch

Family Services Supervisor

#100, 365 Carleton Drive

St. Albert, Alberta T8N 7L1

Phone: 780-458-7371

Fax: 780-460-7-78

Email: cathyk@transitions-ab.org

Website: www.transiotns-ab.org

Canadian Paralympics www.paralympic.ca

Coaches Association of Canada www.coach.ca

[Canadian Sport for Life](http://www.canadiansportforlife.ca) www.canadiansportforlife.ca

[Gymnastics Canada](http://www.gymcan.org) www.gymcan.org

Deaflympics www.deaflympics.com

Special Olympics Alberta www.specialolympics.ab.ca

Special Olympics Canada www.specialolympics.ca

References

Canadian Sport for Life, (2005). Bayli, I., Cardinal, C., Higgs, C., Norris, S., and Way, R. Canadian Sport Centres, Vancouver, BC.

Coaching Athletes with a Disability, (2005). Coaching Association of Canada, Ottawa ON.

Long Term Athlete Development for Athletes with an Intellectual Disability, (2007). Allard, R., Bluehardt, M., Kishuichi, G., McCrae, K., Mactavish, J., Shirton, D., Trono, C., and Walt, R.

No Accidental Champions, (2006). Bayli, I., Cardinal, C., Higgs, C., Norris, S., and War, R. Canadian Sport Centre, Vancouver, BC.