



## 2020 TEAM MANAGER APPLICATION

### Personal Information

Event & Discipline applying for:	WAG <input type="checkbox"/>	MAG <input type="checkbox"/>	T&T <input type="checkbox"/>	ACRO <input type="checkbox"/>
Applicant's Name:				
Mailing address:			Postal Code:	
Email address:				
Home phone:		Cell phone:		
Will your acceptance as Team Manager be dependent on your child participating at the event? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Are you over 25 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/> (only applicants over 25 will be considered due to car rental restrictions)				

### Previous Experience

Team/Volunteer Management:
Youth Leadership:
Other Related Experience:

### CERTIFICATIONS – Please indicate highest level of certification

NCCP Coaching:	Date Certified:	Active Yes <input type="checkbox"/>	No <input type="checkbox"/>
Judging:	Date Certified:	Active Yes <input type="checkbox"/>	No <input type="checkbox"/>
First Aid:	Date Certified:	St. John's/Red Cross	
CPR:	Date Certified:	St. John's/Red Cross	
Respect In Sport:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes: Certification Number:
Police Check:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes: Issue Date: (copy required)
Intervention Check:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes: Issue Date: (copy required)
Operator's License Class:	Demerits:		

Please note, if accepted as Team Manager, you must submit a Police and Child Intervention Check, and complete the online Respect in Sport Certification. Please contact Cassie at [support@abgym.ab.ca](mailto:support@abgym.ab.ca) to initiate the process as soon as you have submitted your application.

**PERSONAL INFORMATION PROTECTION ACT (PIPA)**

Your personal information such as Name, Date of Birth, Gender, Address, Phone, and Email will be protected and managed in accordance with the PIPA and made available only to the staff of the Gymnastics Club and Alberta Gymnastics Federation (pertaining to any information related to Alberta Gymnastics Federation Membership, this includes but not limited to emails for special events, live broadcasting, video, results, website, noticeboards, advertising, photos, social media platforms, funding, and Team Alberta requirements). Non-identifying information will be provided to Gymnastics Canada and the Alberta Sport Connection.

**Personal Information/Photo/Video Release**

**YES**, I give consent To send information (Pertaining to Alberta Gymnastics Federation Membership and the Gymnastics Club programs. This includes but not limited to emails, newsletters, special events, general information, fundraising, donation request, invoices, honorariums, Team Alberta, etc.)  
 **NO**, I refuse consent

**YES**, I give consent To take pictures or video of me/my child during my/their participation in any program, and that these may be used for advertising, newsletters, noticeboards, website, live broadcast, special events, Team Alberta, and any social media platforms. (Gymnastics Club and Alberta Gymnastics Federation)  
 **NO**, I refuse consent

**YES**, I give consent To take pictures or video of me/my child during my/their participation in any program, and that these may be used for training purposes.  
 **NO**, I refuse consent

**\*Note should you chose you can withdraw your consent in written notice at any time to**

\_\_\_\_\_  
(Gymnastics Club)

**If you need any additional information about our personal information protection act, you can contact Alberta Gymnastics Federation office at (403) 259.5500 or via email at [info@abgym.ab.ca](mailto:info@abgym.ab.ca).**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Witness