



2010
ONTARIO PROVINCIAL
TEAM TRIALS

Freestyle, Pair, Team

Friday April 23 – Sunday April 25, 2010

Entry Deadline: March 7, 2010

York University
Toronto, Ontario

Doors Open
6:00pm Friday
8:00am Saturday & Sunday
No Admission Charge-Prepaid gym Fee

Sanction Number: ON-10-2001
Competition Director: Kim Genton
Your Host: OBTA

GENERAL INFORMATION

1) Make cheques or money orders payable to: **Ontario Baton Twirling Association Inc.** Post dated Club cheques are accepted, but dated no later than date of competition entry deadline March 7 2010
NSF Cheques will be subject to a \$25.00 service Charge. Cheque amount and service charge must be paid by cash or certified cheque no later than 1 week prior to the event.

Mail entries to: 2010 Ontario Provincial Team Trials c/o Jennifer Meron 2 Harmon Avenue, Aurora, Ontario L4G 5H1

- 2) If you wish confirmation that your entry form has been received, please include a stamped, self-addressed envelope and a photocopy of your entry form.
- 3) Refunds given only if athlete is unable to compete and a medical certificate must be provided to Competition Director. If a Medical Bye is granted, no refund will be given.
- 4) Current CBTF Rules and Regulations will be in effect and strictly enforced.
- 5) Judges decisions are final. Tabulated results are final 48 hours after the completion of the competition day.
- 6) In order to enter Provincial Team Trials, each athlete must be a Canadian Citizen/Permanent resident/Landed Immigrant of the Province of Ontario. In addition, all athletes must be registered Type A members of CBTF and OBTA for the 2010 competition season. CBTF membership number must be indicated on entry form.
- 7) In order for an athlete/group to compete in a CBTF sanctioned competition, all athletes must be coached by a currently registered CBTF certified Level 2 Coach.
- 8) Athlete in any event must declare any medical support/brace necessary for injury prevention as deemed necessary by a physician. Copy of medical certificate must accompany entry or be presented to the Competition Director prior to the start of the competition.
- 9) Obvious errors or omissions will be corrected by a Collect Call from the Competition Director or email, at the Competition Director's discretion.
- 10) Tentative Order of events will be
Friday evening: Floor available for practice from 6-9pm.. Music **must** be submitted for testing/timing **ON OR BEFORE** Friday April 23, 2010 at 6pm
Costume check will be available for anyone who has concerns as to whether their costume meets the WBTF Costume restrictions/guidelines but is not mandatory.
Saturday: Compulsory and Short Program, first round freestyle, pair, team
Sunday: Final Round, freestyle, pair, team
- Club Directors will be notified as soon as possible of any changes. The Competition Director reserves the right to make last minute changes.
- 11) Medical assistance, Warm-up area will be available on site.

12) Tape and CD Player will be available. All Tapes and CD's must be properly labelled with Athlete/Pair /Team Name, and with only one event per tape/ CD.

All music must be submitted on or before 6pm on Friday April 23, 2010

13) A 2nd round will be offered to the top 6 athletes after the first round for both level A and Level B. 2nd "performance opportunities" will be available to athletes NOT making top 6 only if time permits.

14) Awards will be presented for Gold, Silver and Bronze placement. All members of the Ontario Team (to both Canadian Team Trials, and Canadian Level B Freestyle/Pair Championships) will be recognized

15) As per current CBTF rules, **level B age divisions** will be consistent with the CBTF individual events age divisions. Primary 7-8, Juvenile 9-11, Junior 12-14, Senior 15-17, Collegiate 18+ as determined as of December 31 2009

2010 PROVINCIAL TEAM TRIAL ENTRY FORM

*submit each entry for each event on a separate form

NAME OF ATHLETE/TEAM _____ CBTF # _____

BIRTHDATE ____/____/____

Citizenship _____*

If athlete is NOT a Canadian Citizen, circle one: Landed Immigrant or Permanent Resident

COACH NAME AND CBTF # _____

CHOREOGRAPHER NAME AND CBTF# _____

FREESTYLE

\$150.00

Junior Level A Women ___ Men ___

Senior Level A Women ___ Men ___

Level B Women ___ Men ___

Primary ___ Juvenile ___ Junior ___ Senior ___ Collegiate ___

PAIR

\$150.00

Level A Junior ___ Senior ___

Level B Primary ___ Juvenile ___ Junior ___ Senior ___ Coll ___
14-16 17-22 23-28 29-34 35+

Partner's Name and CBTF # _____

Partner's Birthdate _____

TEAM

\$210.00

Team Level A(one age div) ___ Team Level B ___ Age division _____

TRANS CANADA PAIR

\$140.00

JUNIOR PAIR ___ SENIOR PAIR ___

TRANS CANADA TEAM

\$160.00

CRITIQUE (to be paid by athletes wishing to have a verbal critique with the judging panel at the conclusion of the competition - **freestyles & pairs: \$20.00 for 10 minutes teams: \$25.00 for 15 minutes**)

CRITIQUE FEE \$ _____

GYM FEE: Please fill out Gym Fee & Waiver page included! \$ _____

TOTAL PAYMENT.....

\$

(payable to OBTA INC)

**Gym Fee and Waiver for Provincial Championships
To be completed by all athletes competing in any capacity!**

Athletes competing in Freestyle or Pair , please submit this page with your individual entry. Athletes competing in team only, please complete this form and return to your coach/club director for submission with team entries.

GYM FEE: To be paid by athletes competing in either Group or Individual, paid only once - \$10.00 per athlete. Additional immediate family athletes gym fee is \$5.00 per athlete.

**CBTF WAIVER
Participant's Assumption of Risk**

I am aware and understand that there are a number of inherent risks involved in my participation in this sporting activity which are beyond the control of the, **Canadian Baton Twirling Federation, Ontario Baton Twirling Association, Kim Genton - Competition Director, and York University.** I further agree that I am assuming personal responsibility for any costs as well as any loss, damage, injury or ambulance service resulting from or in connection with such participation at the **Ontario Provincial Team Trial Competition April 23, 24, 25, 2010.** I have read and understand the Waiver.

Athlete name (Please Print) _____

Parent/Guardian's Name (Please Print) _____

Signature (Parent/Guardian if participant is under 18 years) _____

Date _____

Club Affiliation Date _____