



# 2010 CANADIAN BATON CHAMPIONSHIPS

YORK UNIVERSITY  
4700 Keele Street  
Toronto, ON



## Pride of Canada Open Clinic

Tricks!

Autographs!

Photographs!

Get a head start on next season

Meet Canada's 2010 World Contingent athletes

Novice, Intermediate and  
Advanced Levels

Saturday July 10, 9 am – 12 noon  
Registration: 8:30 am

Aerials, Rolls, Contact, Horizontals,  
Multiple Baton, Compulsories,  
Short Program Elements

Instruction featuring top Canadian Coaches assisted by the 2010 World Contingent members  
Parents are welcome to attend (Observation Fee applies). Seating will be provided in the bleachers.

### 4 ways to register:

Athletes at Canadians  
- Choose "Pride of  
Canada Clinic" on  
your 2010 Canadians  
entry form  
- \$40 per athlete  
- Include payment with  
your Canadians entry

Athletes not at Canadians  
- Complete and mail *Registration  
Form* and *CBTF Waiver* below  
- \$50 per athlete

Parents  
- Complete and mail *Registration  
Form* and *CBTF Waiver* below  
- \$10 Observation Fee

On-Site Registration  
- 8:30 am July 10  
- \$15 per class  
- Space permitting

- Mail Registration Form and applicable Payment  
(payable to "CBTF Inc.") to:  
*Pride of Canada Open Clinic  
1262 Eldorado Avenue  
Oshawa, ON, L1K 1G3*

CUT HERE -----

<b>Name:</b> _____	<b>Membership #:</b> _____	<b>Age (as of Dec 31, 2009):</b> _____
(N/A if not a CBTF member)		
<b>Address:</b> _____		
<b>City:</b> _____	<b>Province:</b> _____	<b>Postal Code:</b> _____
<b>Contact Email:</b> _____		
<b>Coach:</b> _____	<b>Membership #:</b> _____	<b>Club:</b> _____

### Choose Registration Type:

<input type="checkbox"/>	<b>Athlete (\$50)</b>	<b>Twirling Level – Solo:</b> _____	<b>Other Events:</b> _____
<input type="checkbox"/>	<b>Parent Observer (\$10)</b>		

### CBTF WAIVER – PARTICIPANT'S ASSUMPTION OF RISK

I am aware & understand that there are a number of inherent risks involved in my participation in this sporting activity that are beyond the control of the Canadian Baton Twirling Federation, the Ontario Baton Twirling Association, Competition Officials 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 Pride of Canada Clinic, July 10, 2010. I have read and understand the Waiver.

**Signature** (parent/guardian, if athlete under 18 years)

print \_\_\_\_\_ sign \_\_\_\_\_ Date: \_\_\_\_\_