

## 2010 SASKATCHEWAN PROVINCIAL FREESTYLE ENTRY FORM

*Sanctions*

*CBTF# 10-SK-6007*

*SBTA # SK-2010-05-06*

**CATEGORY:**     Junior Freestyle     Senior Freestyle    **LEVEL:**     A     B     Male     Female

**MEMBER:**

|         |                         |              |                   |
|---------|-------------------------|--------------|-------------------|
| Name    | DOB<br>( yy / mm / dd ) | MEMBERSHIP # | PROV OF RESIDENCE |
| Address | Ph                      | E-mail       |                   |

**COACH/CHOREOGRAPHER INFORMATION:**

Coach(es) /Choreographer(s) Name(s) & Membership #

**DECLARATION/WAIVER**

DECLARATION: I \_\_\_\_\_ (coach) hereby declare the information on this entry is valid.

Coach's signature: \_\_\_\_\_

**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, the Saskatchewan Baton Twirling Association, the Saskatoon Myracles Inc., the Competition Directors Cindy Labrash and Nancy Lighthead, Tommy Douglas Collegiate and the Saskatoon Public School Division. 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 Provincial Competition May 7-9, 2010." I have read and understand the Waiver.

Parent/Guardian's Name (please print) \_\_\_\_\_ Date: \_\_\_\_\_ Club Affiliation: \_\_\_\_\_

Athlete's name (please print) \_\_\_\_\_ Signature of Parent/Guardian (if participant is under 18 years) \_\_\_\_\_

**MEDICAL NOTE:** *All athletes must declare any medical support/brace worn for the prevention of injury as deemed necessary by a physician. A copy of the medical certificate must accompany this entry.*

**ENTRY DEADLINE: MONDAY APRIL 12, 2010 - Late fees of \$25.00 per athlete will be applied after April 12, 2010**

|  |   |  |
|--|---|--|
| <p><b>PROVINCIALS ENTRY REGISTRAR:</b><br/>                 c/o TJ Keller<br/>                 1425 Elevator Rd. Saskatoon, SK S7M 3X3<br/> <a href="mailto:tj.keller@sasktel.sk.ca">tj.keller@sasktel.sk.ca</a></p> | <p><b>ENTRY FEES PAYABLE TO: "Your Club"</b></p> <p><input type="checkbox"/> B Level    \$75.00                      <input type="checkbox"/> A Level    \$125.00</p> | <p><b>PAYMENT ENCLOSED:</b><br/>\$</p> |
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