

**2008 CANADIAN TEAM TRIALS  
FREESTYLE COMPETITION ENTRY FORM**

**PROVINCE OF QUALIFICATION =** \_\_\_\_\_

JUNIOR FREESTYLE       MALE       Provincial Placement   
 SENIOR FREESTYLE       FEMALE

Athlete's Name		
Date of Birth (DD/MM/YY)		
Membership Number		Province of Residence
Athlete's Address		City
Phone Number (      )		Postal Code
E-mail Address		

Coach's Name	
Coach's Membership #	
Coach's Name	
Coach's Membership #	
Choreographer's Name	
Choreographer's Membership #	

Music Title(s)	
Composer(s)	
Producer(s)	

I \_\_\_\_\_ (print name) hereby declare the information documented on this entry as valid.  
 Signature (parent/guardian, if athlete under 18 years) \_\_\_\_\_

**WAIVER:** I hereby, for myself and my agents, waive all rights and claims for damages I may have against the BNB/CBTF for any and all injuries received by me in connection with this competition. The BNB/CBTF and the facility are not responsible for any theft or damages during this competition.  
 Signature (parent/guardian, if athlete under 18 years) \_\_\_\_\_

**Entry Fee \$210.00**  
**Gym Fee \$20.00 (pay only once for entire competition)**

**TOTAL PAYMENT ENCLOSED (payable to "CBTF INC.")**

\$ _____
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**Deadline Date - Seven (7) business days after the completion of your Provincial Team Trials**

All athletes/groups must declare any medical support/brace worn for the prevention of injury as deemed necessary by a physician. Copy of medical certificate must accompany this entry.

**2008 CANADIAN TEAM TRIALS**  
**PAIRS COMPETITION ENTRY FORM** *(\*\*SUBMIT ONE FORM PER PAIR)*

**PROVINCE OF QUALIFICATION =** \_\_\_\_\_

PROVINCIAL PAIR  JUNIOR  Provincial Pair Placement   
 TRANS-CANADA PAIR  SENIOR

Pair Members	Date of Birth (DD/MM/YY)	Membership Number	Province of Residence
1.			
2.			

Name of Contact Person \_\_\_\_\_  
 Phone # of Contact Person (      ) \_\_\_\_\_  
 Address of Contact Person \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

Coach's Name \_\_\_\_\_  
 Coach's Membership Number \_\_\_\_\_  
 Coach's Name \_\_\_\_\_  
 Coach's Membership Number \_\_\_\_\_  
 Choreographer's Name \_\_\_\_\_  
 Choreographer's Member # \_\_\_\_\_

Music Title(s) \_\_\_\_\_  
 Composer(s) \_\_\_\_\_  
 Producer(s) \_\_\_\_\_

I \_\_\_\_\_ (Coach's Name) hereby declare the information documented on this entry as valid.  
 Coach's Signature \_\_\_\_\_

**WAIVER:** I hereby, for myself and my agents, waive all rights and claims for damages I may have against the BNB/CBTF for any and all injuries received by me in connection with this competition. The BNB/CBTF and the facility are not responsible for any theft or damages during this competition.

Signature<sub>S</sub> (parent/guardian, if athlete under 18 years) 1. \_\_\_\_\_  
 2. \_\_\_\_\_

**Entry Fee \$210.00 (\$105.00 per partner)**  
**Gym Fee \$20.00 each (pay only once for entire competition)**

\$

**TOTAL PAYMENT ENCLOSED** (payable to "CBTF INC.")

**Deadline Date - Seven (7) business days after the completion of your Provincial Team Trials**

All athletes/groups must declare any medical support/brace worn for the prevention of injury as deemed necessary by a physician. Copy of a medical certificate must accompany this entry.

**2008 CANADIAN TEAM TRIALS  
WBTF TEAM COMPETITION ENTRY FORM**

<b>WBTF TEAM NAME</b>	
Provincial Team <input type="checkbox"/>	Trans-Canada Team <input type="checkbox"/>

<b>Name of Contact Person</b>	
<b>Phone # of Contact Person</b>	
<b>Address of Contact Person</b>	
<b>E-mail Address</b>	

<b>Coach's Name</b>	
<b>Coach's Membership Number</b>	
<b>Coach's Name</b>	
<b>Coach's Membership Number</b>	
<b>Choreographer's Name</b>	
<b>Choreographer's Memb. #</b>	

Team Members (minimum 6, maximum 8)	Membership Number	Province of Residence	Canadian Citizen
1.			Yes <input type="checkbox"/> No <input type="checkbox"/>
2.			Yes <input type="checkbox"/> No <input type="checkbox"/>
3.			Yes <input type="checkbox"/> No <input type="checkbox"/>
4.			Yes <input type="checkbox"/> No <input type="checkbox"/>
5.			Yes <input type="checkbox"/> No <input type="checkbox"/>
6.			Yes <input type="checkbox"/> No <input type="checkbox"/>
7.			Yes <input type="checkbox"/> No <input type="checkbox"/>
8.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Alternate Team Members (maximum 2)	Membership Number	Province of Residence	Canadian Citizen
1.			Yes <input type="checkbox"/> No <input type="checkbox"/>
2.			Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Music Title(s)</b>	
<b>Composer(s)</b>	
<b>Producer(s)</b>	

I _____ (Coach's Name) hereby declare the information documented on this entry as valid. Coach's Signature _____
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<b>WAIVER:</b> I hereby, for myself and my agents, waive all rights and claims for damages I may have against the BNB/CBTF for any and all injuries received by me in connection with this competition. The BNB/CBTF and the facility are not responsible for any theft or damages during this competition. Director/Coach's Signature _____
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**Entry Fee \$325.00**  
**Gym Fee \$20.00 each (pay only once for entire competition)**

**TOTAL PAYMENT ENCLOSED (payable to "CBTF INC.")**

\$
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**Deadline Date - Seven (7) business days after the completion of your Provincial Team Trials**

All athletes/groups must declare any medical support/brace worn for the prevention of injury as deemed necessary by a physician. Copy of medical certificate must accompany this entry.
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# PHOTO REQUIREMENTS FOR THE 2008 CANADIAN TEAM TRIALS

**PHOTOS ARE REQUIRED FROM THOSE ENTERING CANADIAN TEAM TRIAL  
EVENTS (Level A Freestyle, Pairs & Teams).**

**WE REQUEST THAT YOU SUBMIT YOUR PHOTO ELECTRONICALLY.**

**PLEASE FOLLOW THE INSTRUCTIONS CAREFULLY AND ACCURATELY.**

**FILES RECEIVED THAT DO NOT FOLLOW THE REQUESTED FORMAT  
WILL NOT BE OPENED.**

Every athlete participating in the Canadian Team Trials must submit an individual (head shot) photo, regardless of the event entered (freestyle, pairs, or team)

Pairs athletes must also submit one pairs photo

Teams must also submit one team photo

## **INSTRUCTIONS:**

1. Scan your photo, or use digital camera photo. Colour or black and white is acceptable.
2. Crop photo:
  - a. Individual pictures must be school/passport size (1 ¾" x 2 ½")
  - b. Pair and Team pictures must be no larger than 4" x 6"
3. **Save file as .jpg ONLY. No other format of file will be accepted.**
4. File names should be:
  - a. **LASTNAME-Firstname.jpg** for individual photos  
(example Molly Smith would be SMITH-Molly.jpg)
  - b. **LASTNAME-LASTNAME.jpg** for pairs photos  
(example Molly Smith and Susie Brown would be SMITH-BROWN.jpg)
  - c. **TEAMNAME.jpg** for team photos  
(example Yukon Sparklers would be YUKONSPARKLERS.jpg)
5. E-mail your file to [baton@rogers.com](mailto:baton@rogers.com)

*Please note: You will be sent e-mail confirmation that your photo has been received and accepted.*

## PLEASE READ CAREFULLY

### RELEASE, CERTIFICATE AND EMERGENCY CONTACT NAME

THESE MUST BE COMPLETED & SUBMITTED ONLY FOR WORLD & INTERNATIONAL CUP ATHLETES/PAIRS/TEAMS/GROUPS WHO ARE MEMBERS OF THE CANADIAN CONTINGENT TO IRELAND IN AUGUST 2008. ATHLETES SHALL NOT BE PERMITTED TO PARTICIPATE AT WORLDS OR INTL. CUP WITHOUT THESE FORMS BEING COMPLETED AND ON FILE WITH THE CANADIAN CONTINGENT COMMITTEE PRIOR TO DEPARTURE FOR IRELAND.

**\*\*NOTE: IF AN ATHLETE IS REPRESENTING CANADA AS A WORLD COMPETITOR AS WELL AS AN INTL CUP COMPETITOR, IT IS ONLY NECESSARY TO SUBMIT ONE RELEASE, ONE CERTIFICATE & ONE HEALTH CERTIFICATE.**

#### **WORLD CHAMPIONSHIP ATHLETES/PAIRS/TEAMS**

COMPLETE THE INFORMATION ON THIS PAGE AND SUBMIT IT, WITH YOUR TEAM TRIAL ENTRY FORMS, TO THE CANADIAN ENTRY PROCESSOR.

#### **INTERNATIONAL CUP ATHLETES/TEAM OR GROUP MEMBERS**

COMPLETE THE INFORMATION ON THIS PAGE & SUBMIT IT WITH YOUR CANADIAN CHAMPIONSHIP ENTRY FORMS TO THE CANADIAN ENTRY PROCESSOR. Any Intl Cup athletes may also bring the completed form to the Canadian Contingent Meeting on July 1<sup>st</sup> in Moncton.

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### SPECIAL INFORMATION RE HEALTH CERTIFICATES

Every World Championship & International Cup athlete on the 2008 Canadian Contingent MUST provide a completed WBTF Health Certificate prior to the commencement of the trip to Ireland.

You may obtain a copy of the WBTF Health Certificate from Gail Ashcroft [gailashcroft@hotmail.com](mailto:gailashcroft@hotmail.com)  
OR you may use the CBTF Health Certificate provided below.

#### **All World Championship Athletes/Pair members/Team members**

MUST turn in their completed Health Certificates prior to leaving for Ireland to the Canadian Contingent Committee.

#### **All International Cup Athletes/Team members/Group members**

MUST turn in their completed Health Certificates to the Canadian Contingent Committee prior to or at the Canadian Contingent Meeting on July 1<sup>st</sup> in Moncton.

# RELEASE

**\* ONLY FOR ATHLETES WHO QUALIFY  
FOR 2008 WORLD CHAMPIONSHIP and/or INTERNATIONAL CUP**

In consideration of my selection and becoming a member of the Canadian Contingent, I do hereby for and on behalf of myself, my heirs, executors, administrators, and assigns, remise, release and forever discharge the Canadian Baton Twirling Federation, and the World Baton Twirling Federation, its officers, members, representatives, and agents and their heirs, executors, administrators, successors, and assigns, of and from any and all manner of actions, causes of action, claims and demands of every kind, nature and character, which I may have, or which my heirs, executors, administrators, and assigns may hereafter have, or any of them for any and all damages, losses and injuries which may be suffered or sustained by me in connection with the World Baton Twirling Championships, the Canadian Baton Twirling Federation, in association therewith, and my entry and participation in the Championships, and my traveling to and returning from said Championships, and all such actions, causes of action, claim and demands are hereby waived.

Name of Athlete \_\_\_\_\_ Date of Birth (DD/MM/YY) \_\_\_\_\_

Signature of Athlete \_\_\_\_\_

If applicant is under 18 years of age, this Release must **also** be signed by his/her father, if living, or mother, or legally appointed guardian.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

# CERTIFICATE

**ONLY FOR ATHLETES WHO QUALIFY FOR 2008 WORLD CHAMPIONSHIP  
and/or INTERNATIONAL CUP**

This is to certify that I have read the foregoing regulations and that, in consideration of my selection as a member of the Canadian Contingent, do hereby accept the conditions as herein stated and I further agree to abide by all the rules and regulations which may be made from time to time while I am a member of the Canadian Contingent.

Signature of Athlete \_\_\_\_\_

Passport Number \_\_\_\_\_

# EMERGENCY CONTACT

**\*ONLY FOR ATHLETES WHO QUALIFY FOR 2008 WORLD CHAMPIONSHIP  
and/or INTERNATIONAL CUP**

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

**HEALTH CERTIFICATE  
FOR  
2008 WORLD CHAMPIONSHIPS & INTERNATIONAL CUP COMPETITORS**

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**NOTE: WORLD AND/OR INTL CUP ATHLETES MAY USE THIS FORM OR MAY OBTAIN A WBTF HEALTH CERTIFICATE FROM GAIL ASHCROFT [gailashcroft@hotmail.com](mailto:gailashcroft@hotmail.com)**

**NOTE: COMPLETION & SUBMISSION OF THIS (or the WBTF) HEALTH CERTIFICATE IS ONLY REQUIRED FOR ATHLETES WHO QUALIFY FOR THE 2008 WORLD CHAMPIONSHIPS AND/OR INTERNATIONAL CUP AND MUST BE PROVIDED TO THE CANADIAN CONTINGENT COMMITTEE PRIOR TO THE TRIP TO THE WORLDS.**

**NOTE: IF AN ATHLETE IS REPRESENTING CANADA AT THE WORLD CHAMPIONSHIPS AND THE INTERNATIONAL CUP, IT IS ONLY NECESSARY TO SUBMIT ONE MEDICAL CERTIFICATE.**

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This is to certify that I have, this day, examined

\_\_\_\_\_

and find him/her to be in adequately good health to be permitted to compete in the following athletic events (barring any unforeseen emergency situations):

**2008 World Championships & International Cup,  
August, 2008 – Limerick, Ireland**

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address of office, clinic, or other place of examination

\_\_\_\_\_

REMARKS:

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\_\_\_\_\_

\_\_\_\_\_

All athletes must declare any medical support/brace worn for the prevention of injury as deemed necessary by a physician. A copy of a medical form to substantiate the use of the support/brace must accompany this entry.