

Baton Twirling Registration
(Required prior to Participation in Twirling)

Today's Date: _____ Baton Club () Fantastix Team ()

Twirler's Name: _____

Age: _____ Birthdate: _____ Grade in School: _____ School: _____

Mailing Address: _____

City/Zip: _____ Home Phone: _____

Mother's name (first & last) _____ Work phone: _____

Father's name (first & last) _____ Work phone: _____

Twirler lives with: _____

Preferred Email for baton announcements: _____

Cell/pager contact for emergencies: _____

Have you twirled in the past? _____ How many years? _____

Any performing arts experience? (dance lessons, vocal, instrumental, theater, etc)? Where?

Please list one trusted adult (other than parents) who can be reached in case of emergency:

Name: _____ Phone: _____

Please list any health conditions we should know about *or any other information that might be important for us to know about your child*: _____

Doctor's name: _____ Phone: _____

Family insurance company: _____ Policy #: _____

In case of emergency I give my permission for my child to be taken to the nearest medical facilities for treatment, and to be held there until my notification. I will not hold the coach nor Mt. Pleasant School District liable for injuries that may occur to my child as a result of participation in this sport.

Parent signature: _____ Date: _____

For Fantastix Team Members' Parents:

___ I have read and understand the hair and attire requirements.

___ My twirler will be picked up at 5:10. I understand that after 5:15, a \$1 per minute late fee will be charged to my family.

___ I understand that class will be cancelled when the school is closed due to severe weather. In this case, unfortunately, no make-up classes nor refunds will be offered.

Parent signature: _____ Date: _____

Contact Katy Anholt, Coach, 503-341-9569