



2022 Footlights & Friends
April 16, 2022, 10:00 a.m.
Deadline: March 18



Twirler's

Name: _____ Age as of 8/31/22: _____ Date of birth: ____ / ____ / ____

Address: _____ City: _____ Zip: _____

Phone: _____ Email _____ Coach(es): _____

****Properly worn masks will be required at all times, including by competing athletes, coaches, and fans.****

****Due to COVID-19, the Oregon Baton Council reserves the right to adjust the schedule in an effort to control numbers as they see fit.****

INDIVIDUAL EVENTS

*Circle the levels you want to enter. (*Unsanctioned events)*

Basic March	Nov.(\$6)	Beg. (\$6)	Int. (\$6)	Adv. (\$6)	Exhib.(\$5)	How many entries? ____	total = ____
Military March	Nov.(\$6)	Beg. (\$6)	Int. (\$6)	Adv. (\$6)	Exhib.(\$5)	How many entries? ____	total = ____
Parade March	Nov.(\$6)	Beg. (\$6)	Int. (\$6)	Adv. (\$6)	Exhib.(\$5)	How many entries? ____	total = ____
Parade March Pairs*	Nov.(\$6)	Beg. (\$6)	Int. (\$6)	Adv. (\$6)	Exhib.(\$5)	How many entries? ____	total = ____
	Partner's name _____		Age _____				
Presentation	Nov.(\$6)	Beg. (\$6)	Int. (\$6)	Adv. (\$6)	Exhib.(\$5)	How many entries? ____	total = ____
Pre-2 Baton*	Nov.(\$6)	Beg. (\$6)			Exhib.(\$5)	How many entries? ____	total = ____
Apparatus*	Nov.(\$6)	Beg. (\$6)			Exhib.(\$5)	How many entries? ____	total = ____
Rhythm Twirl*					Exhib.(\$5)	How many entries? ____	total = ____
Solo	Nov.(\$14)	Beg. (\$14)	Int. (\$14)	Adv. (\$14)	Exhib.(\$12)	How many entries? ____	total = ____
Duet (each)	Nov.(\$14)	Beg. (\$14)	Int. (\$14)	Adv. (\$14)	Exhib. (\$12)	How many entries? ____	total = ____
	Partner's name _____		Age _____				
Two Baton	Nov.(\$14)	Beg. (\$14)	Int. (\$14)	Adv. (\$14)	Exhib. (\$12)	How many entries? ____	total = ____
Three Baton	Nov.(\$14)	Beg. (\$14)	Int. (\$14)	Adv. (\$14)	Exhib. (\$12)	How many entries? ____	total = ____
Strut	Nov.(\$14)	Beg. (\$14)	Int. (\$14)	Adv. (\$14)	Exhib. (\$12)	How many entries? ____	total = ____
Artistic Twirl	Nov.(\$14)	Beg. (\$14)	Int. (\$14)	Adv. (\$14)	Exhib. (\$12)	How many entries? ____	total = ____
Artistic Twirl Pairs	Nov.(\$14)	Beg. (\$14)	Int. (\$14)	Adv. (\$14)	Exhib. (\$12)	How many entries? ____	total = ____
	Partner's name _____		Age _____				

FREESTYLES, SHOW TWIRL, COLLEGIATE, and ESSENTIALS

<input type="checkbox"/> Freestyle (\$21) (Level ____)	<input type="checkbox"/> Compulsories (\$17) (Level ____)	total = ____
<input type="checkbox"/> Freestyle Pairs (\$21ea.) (Level ____)	<input type="checkbox"/> Movement Technique (\$17) (Level ____)	total = ____
Partner's name _____ Age _____	<input type="checkbox"/> Short Program (\$17) (Level ____)	total = ____
<input type="checkbox"/> Collegiate Event (\$21) College name: _____	<input type="checkbox"/> Show Twirl* (\$21)	total = ____

TRICK MEETS*

1-Baton Trick Meet	Lv. 1	Lv. 2	Lv. 3	Lv. 4	Lv. 5	Lv. 6	Lv. 7	x \$6 each	total = ____
3-Baton Trick Meet	Lv. 1	Lv. 2	Lv. 3	Lv. 4	Lv. 5	Lv. 6	Lv. 7	Lv. 8 x \$6 each	total = ____

I hereby release the Contest Director, the sponsoring group, the facility owners, and USTA from any liability for accident or injury during the contest. I give USTA permission to use photos and video of this athlete taken in conjunction with this event. Parent's signature & date:

FEES: All Events \$ ____
USTA NUMBER: Gym Surcharge \$ ____ 7
 *Processing Fee \$ ____ 3
 Non-Member Fee (\$5) \$ ____
Or pay non-member Late fee (\$10) \$ ____
fee of \$5
Total Enclosed _____

Make checks payable to: Stites
Mail entries to: Debbie Anholt,
 3125 SE 87th Ave., Portland, OR 97266

*Processing fee will be refunded if entry is filled out 100% correctly.
Deadline: postmarked by March 18.
 Late fee after March 18. No late entries accepted after April 1.

USTA Participant Waiver

Waiver must be submitted with entry to participate in State event

If athlete has submitted an individual entry, this form does NOT need to be submitted with the Team Entry

Waiver/Release for communicable diseases including Covid-19

ASSUMPTION OF RISK/WAIVER OF LIABILITY/INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of the United States Twirling Association athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases, including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation with regards to protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HERBY RELEASE AND HOLD HARMLESS the United States Twirling Association, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage representatives to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Participant: _____

Participant/Parent/Guardian Signature: _____

Date Signed: _____

Note: The signed waiver/release should be kept on file by the sports organization for at least 7 years and possibly longer if the participant/adult has contracted a serious illness.