

BATON TWIRLING
in Hepburn!

Here's the full UPDATE:

1) Instructor

- Chantelle Smith, is a local Hepburn resident, with lots of experience and credentials in baton twirling. Thanks Chantelle for taking the initiative to start this program!
chantelledube@hotmail.com or 306-716-2900

2) Session Schedule

- 9 sessions, including the information and registration night on November 16.

3) Dates

- November 16, 23, 30, Dec 7, 14, Jan 11, 18, 25, Feb 1

4) Time

- Thursdays, 6.15pm-7.15pm. Doors open at 6.00pm to allow for time to change footwear and settle in. Check-in at registration table just outside the gym when you arrive.

5) Location

- Bethany College Gym. Access from front "mall" entrance. Parking available along front of the main building; please stay outside of the designated wheelchair parking signs.

6) Format

- First Night - There will be an **information and registration night** on Thursday, November 16th, 6.15-7.15pm - there is no cost for this first evening, and you can attend and watch and try things out! **Registration opens at 5.45 pm** this evening, and remains open only until November 20th! Registrations may only be completed at the November 16th event, or if needed, at the Town Office on Friday November 18 or Monday November 20. Adults are welcome to stay and observe.

- Subsequent Sessions - adults are free to drop off their participants and pick up at 7.15pm

7) What to Expect for Info & Reg Night

- Participants will be measured for the right size of baton, meet the coach, watch a demonstration by the coach, complete registration forms, pay fees, and have time to try out the baton.

8) Equipment/Clothing

- Participants should wear clothing that is snug fitting; no jeans, baggy shirts or long sleeves. Select a fitted tank or sleeveless t-shirt, with fitted leggings or sport pants. Runners or dance shoes, loose hair should be tied back, and bring a water bottle.

9) Fees

- Two payments are required for registration.

a) \$40 refundable baton rental fee, payable to **SBTA (stands for Saskatchewan Baton Twirling Association)**.

b) \$80 program fee - to cover instructor, rental, and administration fees - payable to **Hepburn Parks and Rec - cash, cheque or etransfer to**

info@hepburn.ca. Contact registration table about password to use for transfer.

10) Forms

- Paper forms will be available to complete at Info and Registration Night, and at the Town Office after November 16th. There will be forms for SBTA and for Hepburn Parks and Rec.

11) Participants

- Children and junior youth are welcome. Boys and girls, starting at age 4 and up.

12) Additional Events

a) Mini Clinic on a Weekend - under consideration for a Saturday, probably in 2018.

b) Free Intro Session for other interested participants - under consideration for sometime in 2018, during the After School Program timeslot (Tues 300-530, Thur 300-530pm).

c) Spring Session - under consideration, a spring session of 8 weeks - March 8, 15, 22, 29, Apr 5, 12, 19, 26 - same price \$80



NEW MEMBERSHIP APPLICATION

FORM #103

October 1, 2017 to December 31, 2018

NEW MEMBERSHIP

PLEASE PRINT

Surname: _____

First Name: _____

Address: _____

City: _____

Prov: _____

Postal Code: _____

Phone () _____

Cell () _____

Email Address: _____

Club Name: _____

Lakeland

SK Sport Zone (circle) 1 2 3 4 5 6 7 8 9

Proof of Age and Citizenship for Type A & B Membership Only!

Birthdate ____/____/____ Age as of Dec. 31, current year 2017 _____

Female Male

YEAR MONTH DAY

Are you a Canadian Citizen: Yes No

Permanent Resident? Yes No

MEMBERSHIP TYPE - Check and complete all that are applicable - Pay only one fee (Highest Fee)

Type	Description	Fees
<input type="checkbox"/> A	Competitive (must complete ALL sections of page 2)	\$45.00
<input type="checkbox"/> B	Pre-Events (All Graded Competition Pre Events) (must complete ALL sections of page 2)	\$25.00
<input checked="" type="checkbox"/> BR	Recreational / Skills Development (Badge) (must complete ALL sections of page 2)	\$10.00
<input type="checkbox"/> C	Technical Association: (Check ONLY if ACTIVE) (must complete ALL sections of page 2) Adjudicator <input type="checkbox"/> Coach <input type="checkbox"/> Judge <input type="checkbox"/> Course Conductor <input type="checkbox"/>	\$60.00
<input type="checkbox"/> D	Board, Executive, Full Member (must complete ALL sections of page 2)	\$35.00
<input type="checkbox"/> E	Volunteer (must complete ALL sections of page 2)	\$5.00

TERMS & CONDITIONS: I agree that my membership is subject to the athlete's agreement and to the Rules, Regulations and By-Laws of the Canadian Baton Twirling Federation and the Provincial Association. The member agrees that, whether or not such damages or losses are caused by negligence; in no event shall the Canadian Baton Twirling Federation, the Provincial Association or their directors, officers or employees or agents have any liability to the member for damages or losses of any kind whatsoever or for any indirect, special or consequential damages even if advised of the possibility of such damages. I acknowledge that I have read and understood this waiver.

Signature (Parent's/Guardian's signature if under 18 years of age) _____

Date _____

**Return to: SBTA
510 Cynthia St.
Saskatoon, SK
S7L 7K7**

For SBTA & CBTF use only:

Registration Date	Membership Number	Amount \$	Provincial Registrar's Signature Brenda O'Connor - Sport Coordinator
Proof of Age <input type="checkbox"/>	Citizenship <input type="checkbox"/> or Permanent Residency <input type="checkbox"/>		CBTF 2 nd Vice President



COMPETITION/SANCTIONED EVENT WAIVER – Participant’s Assumption of Risk

2017-18 Competition Season

I am aware and understand that there are a number of inherent risks involved in my participation in this sporting activity and are beyond the control of the Canadian Baton Twirling Federation, the Provincial Organization, Association or Corporation in the province in which any competition and/or sanctioned activity in which I participate takes place, the host club(s) or province, the event or competition director, the owner, occupier, operator, and/or tenant of the event facility, and any person, corporation or organization associated with the operation of such competitions or events. 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 each competition in which I compete, or event in which I participate. I have read and understand this Waiver.

Print Name: _____ Date: _____
(Parent/Guardian if member under 18 years)

Signature: _____ Date: _____
(Parent/Guardian if member under 18 years)

Print Name of Member: _____ Club Affiliation: _____

CBTF Media Consent – Photography/Media Coverage/Website

During the year, photographs of athletes may be taken during competitions, banquets, clinics, awards and special presentations or other occasions. Your consent is required or parental/guardian consent if the athlete is under the age of majority.

Media coverage is occasionally done throughout the competition season in order to promote the sport of Baton Twirling and to acknowledge club and athlete's accomplishments. This means publishing of athlete's names and club associations in the local newspapers and on the SBTA/CBTF website.

On occasion the media will attend competitions including radio, television, newspaper etc. At these times, it will be the parents' responsibility to provide parental consent to the specific media outlets.

Consent

Do you grant the Canadian Baton Twirling Federation & Saskatchewan Baton Twirling Association permission to post all forms of publicity including full name and image?

Yes, permission is granted

No, permission is not granted

Member's Full Name: _____ Club: _____

Membership Number: _____

Parent/Guardian Name: _____
(required if member is under age of majority – please print)

Signature: _____ Date: _____

ALL SECTIONS MUST BE COMPLETED BY ALL MEMBERS



Canadian Anti-Spam Law (CASL)

The new Canadian Anti-Spam Law (CASL) came into force on July 1, 2014. In order to comply with this law, we require your consent to continue communicating with you electronically.

YES - I authorize to the SBTA to send me electronic communications related to Baton Twirling. This may include, but are not limited to, event notifications, newsletters, updates, invitations, membership renewals; and all other forms of Baton Twirling related communication.

NO - Check if you wish to stop receiving electronic communications from the SBTA.

Voluntary Self Declaration for Sask Sport Inc.

Please check one of the following that is most applicable to you *

Aboriginal Metis Visible Minority Disabled New Canadian

* Providing this information is voluntary and will be used for statistical purposes, only. It will not be used by the Saskatchewan Baton Twirling Association for any other prohibited preference as per *The Saskatchewan Human Rights Code*



Saskatchewan Baton Twirling Association

Athlete Emergency Health Information

Sept 20____ - Jul 20____

Athlete's Name: _____

Address: _____
Street City P.C.

Date of Birth: _____ Hospitalization # _____

Mother's Name: _____ Father's Name: _____

Phone (H) _____ Phone (H) _____

(W) _____ (W) _____

(C) _____ (C) _____

Family Physician: _____ Ph _____

Family Dentist: _____ Ph _____

Date of last tetanus inoculation: _____

Please list any health concerns: _____

Please list any current medications: _____

Please list any allergies: _____

Does your athlete have an: EpiPen [] Inhaler [] Other _____

Person to be contacted in case of an emergency if parents cannot be reached:

Name: _____ Relation: _____

(H) _____ (W) _____ (C) _____

I have reviewed the above information and it is complete and accurate to the best of my knowledge. In case I need emergency health care due to a sudden, potentially serious illness or injury and it is not practical for me to give my consent, I hereby give SBTA personnel my permission to arrange for medical care as is deemed necessary. I further authorize the First Aid Personnel to provide routine care for less serious injuries (ie. ice packs and tensor bandages). I understand and acknowledge that the information on this form will be maintained in the confidential records of the SBTA, and I consent to the SBTA using and/or disclosing this information in the event of it being medically necessary.

Signature: _____ Date: _____

Parent or Guardian must sign if athlete is under 18 years of age.