

**5th U.S. INTERCOLLEGIATE & NATIONAL  
HIGH SCHOOL BATON TWIRLING CHAMPIONSHIPS**

2429 7<sup>th</sup> Street  
Clay Center, Kansas 67432  
RETURN RECEIPT REQUESTED

# 5th U.S. INTERCOLLEGIATE & NATIONAL HIGH SCHOOL BATON TWIRLING CHAMPIONSHIPS

*Sponsored by Texas A & M University - Corpus Christi*

**Supported by the  
National Coalition for the Advancement of Baton Twirling (NCABT)**

Saturday, February 28, 2009

Texas A & M Corpus Christi  
6300 Ocean Drive,  
Corpus Christi, TX  
Deadline – January 29th, 2009



Calling all High School and College Athletes!

Come and represent your High School or College/University at the U.S. Championships. These events have been organized for the sole purpose of being “stepping stone” for the movement toward official NCAA acceptance. The knowledge that you will take away from the seminar, about what needs to be done by high school and college age twirlers, is crucial to the future of twirling. You can affect the direction of twirling by attending this weekend of events and hopefully return home to implement what you’ve learned.

Band Directors, Baton Twirling Coaches, Directors & Sponsors: Come witness some of the best high school & collegiate baton twirling athletes in the country compete. Use this opportunity to recruit these athletes to your college campus.

**HEADQUARTERS MOTEL: EMBASSY SUITES – CORPUS CHRISTI**

4337 South Padre Island Drive, Corpus Christi, Texas, United States 78411  
Tel: 1-361-853-7899 Fax: 1-361-851-1310

Complimentary Airport Shuttle. Complimentary cooked to order breakfast each morning for each registered guest. Complimentary manager’s reception nightly. All suite accommodations.

**Special Room Rate: \$109.00** (*Ask for Twirler’s Room Block Rate*)

**DIRECTIONS: From Corpus Christi Airport: to EMBASSY SUITES**

Distance: **9.61 miles** Time: **12 min**

Start on **INTERNATIONAL DR** going toward **GLASSON DR** - go **0.7 mi**

Turn Right on **AGNES ST** toward **I-44 E** - go **0.2 mi**

Take Left ramp onto **TX-44 E** toward PADRE ISLAND (TX-358)/BAYFRONT (I-37) - go **1.7 mi**

Take the NAS-CCAD/PADRE ISLAND exit onto **TX-358 E** - go **6.2 mi**

Take the WEBER RD (FM-43) exit onto **S PADRE ISLAND DR** - go **0.7 mi**

Arrive at **4337 S PADRE ISLAND DR, CORPUS CHRISTI**, on the Right

**DIRECTIONS: From EMBASSY SUITES to TEXAS A + M CORPUS CHRISTI**

Distance: **5.63 miles** Time: **11 min**

Start at **4337 S PADRE ISLAND DR, CORPUS CHRISTI** going toward **FLYNN PKY** - go **0.7 mi**

Take Left ramp onto **TX-358 E** - go **2.2 mi**

Take the NILE DR exit onto **S PADRE ISLAND DR** - go **0.3 mi**

Turn Left on **NILE DR** - go **1.0 mi**

Turn Left on **ENNIS JOSLIN RD(TX-3-SPUR N)** - go **0.5 mi**

Continue to follow **TX-3-SPUR N** - go **0.3 mi**

Turn Right on **OCEAN DR** - go **0.6 mi**

Arrive at 6300 **OCEAN DR, TEXAS A + M CORPUS CHRISTI**, on the Right

## SCHEDULE OF EVENTS

**8:00 – 8:30 AM ATHLETE'S REGISTRATION**  
**8:30 AM – COMPETITION BEGINS**

### COLLEGIATE COMPETITION EVENTS:

**One Baton** - 2:30 max to standard piece of music

**2 & 3 Baton** - 2:00 max to standard piece of music

**Pairs/Duet** – 2:00 max to standard piece of music

**One Baton Freestyle** – 2:30 max – Music selected and provided by the athlete.

**College Fight Song for Individuals** - 2:30 max

A multiple baton freestyle event utilizing music from the Athlete (s) university. College Fight Song/Marching Band music. Two categories of competition offered: 1) for a Featured Twirler 2) for a Line Twirler

**Collegiate Team** – 3:00 max - Music selected and provided by the Team. Standard competitive team material should be utilized.

**Collegiate Line** – 3:00 max - Music selected and provided by the Line. Content Restrictions apply and must be adhered to or penalty will assessed: 1) No more than 2 Spin 2) No more than one major body move under a Toss 3) No more than 2 element rolls 4) No 3-Baton Exchange Work

**College Fight Song for Groups** - 2:30 max A freestyle event utilizing music from the Group's university. College Fight Song/Marching Band music

### HIGH SCHOOL COMPETITIVE EVENTS:

**One Baton** - 2:30 max to standard piece of music

**2 & 3 Baton** - 2:00 max to standard piece of music

**Pairs/Duet** – 2:00 max to standard piece of music

**One Baton Freestyle** – 2:30 max – Music selected and provided by the athlete.

**High School Team** – 3:00 max - Music selected and provided by the Team. Standard competitive team material should be utilized.

**High School Line** – 3:00 max - Music selected and provided by the Line. Content Restrictions apply and must be adhered to or penalty will assessed:: 1) No more than 2 Spin 2) No more than one major body move under a Toss 3) No more than 2 element rolls 4) No 3-Baton Exchanges

### HIGH SCHOOL NON-COMPETITIVE RATING EVENTS:

(1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> Division Ratings will be awarded for Evaluation only)

**One Baton** - 1:30 max to standard piece of music

**2 & 3 Baton** - 1:30 max to standard piece of music

**Pairs/Duet** – 1:30 max to standard piece of music

**One Baton Freestyle** – 1:30 max – Music selected and provided by the athlete.

**High School Team** – 3:00 max - Music selected and provided by the Team. Standard high school team material should be utilized.

**High School Line** – 3:00 max - Music selected and provided by the Line. Content Restrictions apply and must be adhered to or penalty will assessed:: 1) No more than 2 Spin 2) No more than one major body move under a Toss 3) No more than 2 element rolls 4) No 3-Baton Exchanges

### NOTE THE FOLLOWING APPLIES TO ALL EVENTS:

- All individual athletes and all members of the team or line MUST be enrolled full time at the school they attend.
- Gymnastics allowed in programs.
- Videotaping is permitted

## PLAN NOW TO ATTEND THE "RECRUITING FAIR"

**ON FRIDAY EVENING, FEBRUARY 27<sup>th</sup>**  
**AT THE UNIVERSITY 6:00 p.m. – 9:00 p.m.**

College Band Directors, Twirling Coaches/Directors and Lines:  
This is your opportunity to visit with potential high school students about your school's program and present what your university has to offer. Take advantage of the chance to come and meet these kids and to witness their performances in competition on Saturday.

### AWARDS

Individual Events: 1<sup>st</sup> through 6<sup>th</sup> place medallions, certificates to all individual participants.

Group Events: 1<sup>st</sup> through 3<sup>rd</sup> place plaques, certificates to individual members of the group.

Additional awards will be presented if entries warrant.

Earn points for your school.

Become the Intercollegiate or National High School Team Champions!

Placements in each of the events accumulate for each school to determine the winner. High Schools & Universities/Colleges may enter an unlimited number of athletes, however points will be awarded for only the top three placements in each category per school. Points will be awarded in the reverse of how many entrants there were total. The highest point total for the Universities/Colleges wins. (If there are 20 competitors entered in the solo event the 1<sup>st</sup> place winner will earn 20 points for their school).

### AWARDS PRESENTATION & BANQUET RECEPTION

All Awards will be presented at a banquet reception that will be held at the Texas A + M Corpus Christi University beginning at 7:00 p.m. following the competition on February 28<sup>th</sup>. Athletes, come dressed in your warm ups.

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*Banquet tickets are \$20 per person.*

Please include payment for the number of tickets you are ordering with the Entry Form. Tickets can be picked up at Registration on Friday, February 27<sup>th</sup>. Parents, Sponsors, and other interested people may attend, but all banquet tickets MUST be ordered with the entry.

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### ENTRY FEES

\$150.00 flat fee per college and \$100.00 per high school AND "OFFICIAL" college clubs. This fee will allow athletes to enter an unlimited amount of solo and/or team events. If you are the only athlete representing your school, you are considered a "Candidate at Large" the \$150 or \$100 fee will still apply.

### NCABT ANNUAL MEETING

SUNDAY, March 1, 2008

Plan now to attend the NCABT meeting on Sunday morning at the Headquarters Hotel:

**EMBASSY SUITES – CORPUS CHRISTI**

4337 South Padre Island Drive, Corpus Christi, Texas, United States 78411

Tel: 1-361-853-7899 Fax: 1-361-851-1310

Time: 9:00 a.m. – 12:00 Noon - We will be discussing competition criteria, judging criteria, and our continuing work to establish more clubs on College Campuses.

## TEAM & PAIR ENTRY FORM

Deadline – January 29th, 2009

Name of College/University \_\_\_\_\_

Team Name \_\_\_\_\_

Contact (Director/Sponsor) \_\_\_\_\_

Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Number of routines you will be performing

\_\_\_ PAIRS  High School Rating  High School Competitive  Collegiate

List Partner's Name \_\_\_\_\_

\_\_\_ TEAM  High School Rating  High School Competitive  Collegiate

\_\_\_ LINE  High School Rating  High School Competitive  Collegiate

\_\_\_ COLLEGE FIGHT SONG GROUP (Collegiate Level ONLY)

*Teams & Lines: Please attach list of names, addresses and expected graduation dates*

\_\_\_\_\_ \$150.00 Total Entry Fee for Colleges/Universities

\_\_\_\_\_ \$100.00 Total Entry Fee for High Schools and \*Officially Accredited  
College/University Baton Twirling Sports Clubs  
(\* Include documentation from school)

\_\_\_\_\_ # of Members Registration Fee at \$3.00 each = \$ \_\_\_\_\_

\_\_\_\_\_ # of Banquet Tickets at \$20.00 each = \$ \_\_\_\_\_

\$ \_\_\_\_\_ TOTAL AMOUNT DUE

**Waiver/Indemnity of Liability:** I agree to assume the risk that may occur to me or my group as a result of participation in the 5<sup>th</sup> U.S. Intercollegiate & High School Baton Twirling Championships. I further agree to indemnify and hold the NCABT Competition Directors, Texas A+M Corpus Christi, its agents or employees harmless from any loss they may sustain as a result of injury to me as a result of my participation in the 5<sup>th</sup> U.S. Intercollegiate & High School Baton Twirling Championships.

**FORM MUST BE SIGNED BY ALL INDIVIDUAL ENTRANTS & GROUP DIRECTORS.**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Send check or money order to:

NCABT, 2429 Street, Clay Center, KS. 67432  
Must be postmarked no later than January 29th, 2009

## INDIVIDUAL ENTRY FORM

Deadline – January 29th, 2009

Each athlete entering solo events must have a separate entry form.

Name of High School \_\_\_\_\_

Name of College/University \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Year in School \_\_\_\_\_

Contact (Director/Sponsor) \_\_\_\_\_

\_\_\_ ONE BATON  High School Rating  High School Competitive  Collegiate

\_\_\_ TWO BATON  High School Rating  High School Competitive  Collegiate

\_\_\_ THREE BATON  High School Rating  High School Competitive  Collegiate

\_\_\_ FREESTYLE / RHYTHMIC TWIRL

High School Rating  High School Competitive  Collegiate

\_\_\_ COLLEGIATE FIGHT SONG FREESTYLE (Collegiate Level ONLY)

Featured Twirler  Line Twirler

Enclose a copy of each participants' student ID.

\_\_\_\_\_ \$150.00 Total Entry Fee for Colleges/Universities

\_\_\_\_\_ \$100.00 Total Entry Fee for High Schools and \*Officially Accredited  
College/University Baton Twirling Sports Clubs  
(\* Include documentation from school)

\_\_\_\_\_ # Athlete Registration Fee at \$5.00 each participant = \$ \_\_\_\_\_

\_\_\_\_\_ # of Banquet Tickets at \$20 each = \$ \_\_\_\_\_

\$ \_\_\_\_\_ TOTAL AMOUNT DUE

### For More Information Contact a Committee Member:

Sandi Wiemers	swiemers@sbcglobal.net
Kay Colen	kaycolen@aol.com
Sharon Campbell	csharon793@aol.com
Regina Moxley	moxpub@kc.rr.com
Cyndy Higgerson	cynthiahiggerson@comcast.net
Elaine Kane	elainekane@comcast.net



## WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

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1. EXCULPATORY CLAUSE. In consideration for receiving permission to participate in any and all activities of **\_BATON TWIRLING** (herein referred to as "activity"), which is sponsored by **NCABT** (herein referred to as "sponsor"), a member of The Texas A&M University System, I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, and their members, officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES or INDEMNITEES) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by RELEASEES, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to myself and others involved with this activity, including but not limited to **HEAD INJURIES, BROKEN BONES, MUSCLE INJURIES, PARALYSYS** and I choose to voluntarily participate in said activity with full knowledge that the activity may be hazardous to me and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. **I agree to indemnify and hold harmless INDEMNITEES** from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, other participants, and third-persons as a result of my participation in said activity, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.**

3. NO INSURANCE. I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Sponsor does not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so sponsor, a governmental unit of the State of Texas, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.

4. BINDS HEIRS. It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.

5. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks articulated in this form and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation.

I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

INSTRUCTIONS: (1) The document should be printed in a font size no smaller than 10-point type. This is 10-point type. This is 12-point type. (2) The formatting/font style (**bolded, underlined, and italicized**) in paragraph nos. 1, 2, 5 & 6 should not be altered.

TAMUS-OGC-Approved 08/29/2006

6. VOLUNTARY SIGNATURE. In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. **For students engaging in extracurricular activities:** I understand I can choose not to sign this document and free myself from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me that has a lower level of risk to me. I further understand this is a voluntary, extracurricular activity; therefore it is not required for me to obtain college credits and not participating in this activity will in no way hinder my ability to obtain a degree from the university. **For students going on fieldtrips or other class-related activities:** I understand participation in this class/fieldtrip/activity is not mandatory and I will not be penalized for failing to participate in this activity because an alternative activity exists for which I can receive like credit. While I understand alternative activities are available to me that do not have the risks associated with this activity I still desire to voluntarily engage in this activity.

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS. CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.**

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Participant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Participant's Date of Birth: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_

(If Participant is under 18 years old)

Parent or Legal Guardian Printed Name: \_\_\_\_\_

(If Participant is under 18 years old)

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**ALL PARTICIPANTS MUST SIGN THIS WAIVER!**