

SPRING OPEN CONTEST – MARCH 20, 2021
RUSSELL HIGH SCHOOL
565 STATE STREET, RUSSELL, KS – 10:00am
Individual Entry Form

ENTRIES DUE – Feb. 26th, 2021

Mail to: 2606 18th Ave Lindsborg, KS 67456

E-mail to: melaniefalcon4@gmail.com

Make checks payable to: **Melanie Falcon**
 or [paypal.me/melaniefalcon4](https://www.paypal.me/melaniefalcon4)

Entries Coordinator and Contest Director

Melanie Falcon

Melanie's Magic Twirling

Athlete Name: _____ Birthdate: _____ Competitive Age (Age on 8-31-21): _____

Address: _____ City: _____ State: _____ Zip: _____

USTA#: _____ (If no USTA#, pay \$5 non-member fee below.) Phone: _____

Parent/Guardian email address: _____

For judging purposes, list all instructors for the last 6 months: _____

Coach's email address to receive critiques: _____

Duet/AT Pairs/FS Pairs Info (Partner name & competitive age): _____

<p>Essentials Events: Movement Tech: (\$12) (Circle level) C B BI BII A AA AAA Elite ___ Rating Only (Circle level above) Compulsories: (\$12) (Circle level) C B BI BII A AA AAA Elite ___ Rating Only (Circle level above) Short Program: (\$12) _____ (Comments Only) Essentials Events Total: \$ _____</p>	<p>Foundation Events: Basic Strut: (\$10) Rating: ___ Nov: ___ Beg: ___ Int: ___ Adv: ___ Parade March: (\$10) Rating: ___ Nov: ___ Beg: ___ Int: ___ Adv: ___ Military Strut: (\$10) Rating: ___ Nov: ___ Beg: ___ Int: ___ Adv: ___ Presentation: (\$10) Rating: ___ Nov: ___ Beg: ___ Int: ___ Adv: ___ Foundation Events Total: \$ _____</p>																
<p>Championship Events: Solo: (\$10) Rating: ___ Nov: ___ Beg: ___ Int: ___ Adv: ___ Men's Solo: (\$10) Rating: ___ Nov: ___ Beg: ___ Int: ___ Adv: ___ Duet: (\$10 each) Rating: ___ Nov: ___ Beg: ___ Adv: ___ Strut: (\$10) Rating: ___ Nov: ___ Beg: ___ Int: ___ Adv: ___ Artistic Twirl: (\$10) Rating: ___ Nov: ___ Beg: ___ Int: ___ Adv: ___ AT Pairs: (\$10 each) Rating: ___ Nov: ___ Beg: ___ Int: ___ Adv: ___ 2-Baton: (\$10) Rating: ___ Nov: ___ Beg: ___ Int: ___ Adv: ___ 3-Baton: (\$10) Rating: ___ Nov: ___ Beg: ___ Adv: ___ Championship Events Total: \$ _____</p>	<p>Evaluation Only Events: *X-Strut (\$10) _____ Freestyle: (\$10) Level: _____ Freestyle Pairs: (\$10 each) Level: _____ Evaluation Only Events Total: \$ _____</p>																
<p>Entry Fee Totals:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Essentials Events Total:</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Foundation Events Total:</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Evaluation Only Events Total:</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Unsanctioned Events Total:</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Championship Events Total:</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>*Non-member Fee: (\$5 if not USTA member)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Surcharge/Gym Fee: (Pay once per family)</td> <td style="text-align: right;">\$ 10 _____</td> </tr> <tr> <td>Total Entry Fees:</td> <td style="text-align: right;">\$ _____</td> </tr> </table>	Essentials Events Total:	\$ _____	Foundation Events Total:	\$ _____	Evaluation Only Events Total:	\$ _____	Unsanctioned Events Total:	\$ _____	Championship Events Total:	\$ _____	*Non-member Fee: (\$5 if not USTA member)	\$ _____	Surcharge/Gym Fee: (Pay once per family)	\$ 10 _____	Total Entry Fees:	\$ _____	<p>Unsanctioned Events: *Modeling: (\$10) One level: _____ *Showtwirl: (\$10) One level: _____ *HS or Collegiate Event (\$10) One level: _____ *Winter Strut Queen (\$25): One level: _____ Unsanctioned Events Total: \$ _____</p>
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	<p>Waiver/Indemnity of Liability: I agree to assume the risk that injury may occur to myself, my group, or my child as a result of participation in the Spring Open Contest. I further agree to indemnify and hold Russell School District, their agents or employees, USTA, and the Kansas Twirling Council harmless from any loss I/my group/my child may sustain as a result of injury by participating in the Spring Open Contest. Further, I agree to abide by all USTA rules. By participating in this event, I give the Kansas Twirling Council permission to use photos and video of this athlete taken in conjunction with this event.</p>																

*****FORM MUST BE SIGNED AND SIGNED COVID COMPLIANCE FORMS ARE REQUIRED*****

Signature: _____ (parent/guardian) Date: _____

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Entries Coordinator and Contest Director

Melanie Falcon
 Melanie's Magic Twirling

Team Name: _____ Coaches _____

Coach's Phone # _____ Email: _____

Please attach a list of members of each team.

\$8 per member

(see other document)

_____ Dance Twirl Team	# on team _____	Small	Large	(TT / PRI / JUV / JR / SR)
_____ Twirl Team Level^ _____	# on team _____	Small	Large	(PRI / JUV / JR / SR)
_____ Trio				(PRI / JUV / JR / SR)
_____ Show/Halftime Team	# on team _____	Small	Large	(PRI / JUV / JR / SR)
_____ Parade Corps	# on corps _____			
_____ Show Corps	# on corps _____			
_____ Artistic Group	# on group _____			
_____ *Dance/Pom	# on team _____	Small	Large	(TT / PRI / JUV / JR / SR)

(* unsanctioned, ^content restrictions determine level)

TOTAL TEAM FEES \$ _____

Member for a day \$5.00 (each athlete - *if not a USTA member*)

Registration Fee \$5.00 (per athlete – *if no individual entry*)

TOTAL ENCLOSED \$ _____ Due Date: **Feb. 26th, 2021**

Waiver/Indemnity of Liability: I agree to assume the risk that injury may occur to myself, my group, or my child as a result of participation in the [Spring Open Contest](#). I further agree to indemnify and hold [Russell School District](#), their agents or employees, USTA, and the [Kansas Twirling Council](#) harmless from any loss I/my group/my child may sustain as a result of injury by participating in the [Spring Open Contest](#). Further, I agree to abide by all USTA rules. By participating in this event, I give the [Kansas Twirling Council](#) permission to use photos and video of this athlete taken in conjunction with this event.

*******FORM MUST BE SIGNED AND SIGNED COVID COMPLIANCE FORMS
 ARE REQUIRED FOR EACH TEAM MEMBER*******

Signature: _____ (coach) Date: _____

Kansas Twirling Council Compliance Rules

In order to run a successful contest, all participants must adhere to the rules set forth by the Kansas Twirling Council.

1. Masks must be worn at all times in the building except for competing athletes.
2. We are limiting the number of spectators. Only 1 parent/guardian per competing athlete allowed in the gym. Designated with a wrist band. No noncompeting siblings or friends. NO EXCEPTIONS!
3. Absolutely No food or drink is allowed in the gym except for water for athletes. Limited food and drink in the commons area only.
4. Limit the number of costumes per individual athlete. Changing tents may be used in the commons and organized by studios.
5. Social distancing must be practiced throughout the gym including bleachers, awards table, and head table.
6. The Kansas Twirling Council reserves the right to enforce and remove anyone not following these rules.

Athlete Name:

- I have read and understand these rules.

Signed: _____

(twirler if over 18, Parent/Guardian if under 18)

****Each soloist and team member must submit signed Compliance Forms with 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, HEREBY 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 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 player has contracted a serious illness.

GENERAL RULES

1. USTA Judges, rules, and music will be used.
2. The contest will run on the set system.
3. No Late Entries! All entries must be postmarked by the indicated date on the entry.
4. All athletes must be a current USTA member in order to compete.
 - A copy of the membership number must be enclosed with the entry.
 - To join USTA, include a separate check made payable to USTA with your entry.
 - A "Member for the Day" may pay \$6.00 in addition to the entry fee, which entitles participation in the open competition.
5. No refunds will be given for any reason.
6. If a mistake is made on your entry, the mistake may not be corrected.
7. The contestant will enter the age level he/she is on 08/31/21
8. The contest director reserves the right to divide or combine age groups as the entries warrant.
 - **Rating** = Student will receive written comments and a I, II, III rating.
 - **Evaluation** = Student will not compete but will be critiqued using electronic recording devices.
 - **Novice** = Has won less than 3 competitive first places in an event.
 - **Beginner** = Has won less than 5 competitive first places in an event.
 - **Intermediate** = Has won less than 10 competitive first places in an event.
 - **Advanced** = Has won 10 or more competitive first places in an event.
9. Competitive first places are those in which there was competition against at least one other athlete/team. Twirl-offs do not count toward advancement.
10. Groups will be critiqued using electronic recording devices and emailed to coaches.
11. Scores will be flashes for all events except non-sanctioned events, basic, military, and presentation.
12. **ABSOLUTELY NO FLASH PHOTOGRAPHY IN THE COMPETITION AREA.**
13. Video taping is permitted without lights.
14. **AWARDS:**
 - Compulsories, Movement Technique = Evaluation Form
 - Individual Events = At contest directors discretion
 - Group Events = At contest directors discretion
15. No Smoking in the building or on school grounds.
16. USTA, the Contest Director, nor the facility are not responsible for injuries, or lost or stolen articles.
17. Questions regarding the competitions contact the contest director listed on the entry.
18. There will be a \$30.00 fee on all returned checks!
19. See descriptions for foundation, championship, and team events or the USTA rule book or website for more information.

UNSANCTIONED EVENTS

MODELING	One Level	Open Formation
SHOWTWIRL	One Level	Own Music 2:30 max Overtime penalty of 2 points
HS OR COLLEGIATE	One Level	Own Music 2:30 max
X-STRUT	One Level	March Music 2:00 max
STRUT QUEEN	One Level	Includes modeling, basic strut, military strut, and parade march

FOUNDATION EVENTS

BASIC STRUT	Novice, Beginner, Intermediate, Advanced	32 count square
MILITARY STRUT	Novice, Beginner, Intermediate, Advanced	32 count retraced
PARADE MARCH	Novice, Beginner, Intermediate, Advanced	32 count square with arm movements
PRESENTATION	Novice, Beginner, Intermediate, Advanced	32 count open pattern
*RHYTHM TWIRL	Novice, Beginner, Intermediate, Advanced	64 counts of artistic twirl music
BODY FORMS	Evaluative	32 count open pattern

CHAMPIONSHIP EVENTS

USTA STRUT	Novice, Beginner, Intermediate, Advanced	1:30 min.	0-8, 9-12, 13-16, 17-20, 21+
ARTISTIC TWIRL	Novice, Beginner, Intermediate, Advanced	1:15 min.	0-8, 9-12, 13-16, 17-20, 21+
ARTISTIC PAIRS	Novice, Beginner, Intermediate, Advanced	1:15 min.	0-16, 17-24, 25-32, 33+
SOLO	Novice, Beginner, Intermediate	1:30min.	0-8, 9-12, 13-16, 17-20, 21+
TWO BATON	Beginner, Intermediate, Advanced	1:30min.	0-8, 9-12, 13-16, 17-20, 21+
SOLO PAIRS	Beginner, Intermediate, Advanced	1:30 min.	0-16, 17-24, 25-32, 33+
THREE BATON	Beginner, Intermediate, Advanced	1:30 min	9-12, 13-16, 17-20, 21+
SOLO	Advanced	2:00 min.	0-8, 9-12, 13-16, 17-20, 21+
SOLO PAIRS	Advanced	2:00 min.	0-16, 17-24, 25-32, 33+
*X-STRUT	Evaluative		
Freestyle Solo	Evaluative	A, AA, AAA, Elite	1:30-2:00 min Juv. Jr. Sr.
Freestyle Pairs	Evaluative	AA, AAA, Elite	1:30-2:00 min Juv. Jr. Sr.

GROUP EVENTS

TRIOS	Beginner, Intermediate, Advanced	3 members
	2-3 minutes own music	Primary, Juvenile, Junior, Senior
TWIRL TEAMS	Novice, A	Primary, Juvenile, Junior, Senior
	AA	Juvenile, Junior, Senior
	AAA	Elite, Junior, Senior
	3-4 minutes own music	
DANCE TWIRL TEAMS	Beginner, Advanced	Small = 4-8 Large = 9+
	2-3 minutes own music	Tiny Tot, Primary, Juvenile, Junior, Senior
*SHOW/HALFTIME TEAM	Beginner, Intermediate, Advanced	Small = 4-8 Large = 9+
	2-3 minutes own music	Primary, Juvenile, Junior, Senior
*DANCE/POM	Beginner, Advanced	Small = 8-14 Large = 15+
	2-3 minutes	Tiny Tot, Primary, Juvenile, Junior, Senior
PARADE CORPS	2-4 minutes	8+ twirling members A Class, Open
SHOW CORPS	4-6 minutes	Small = 8-14 members A Class, Open
	5-7 minutes	Large = 15+ membersA Class, Open
ARTISTIC GROUP	3-3.5 minutes own music	One Level

TINY TOT	=	All members are 7 or younger
PRIMARY	=	Average age of members is 9.99 or less
JUVENILE	=	Average age of members is 10-12.99
JUNIOR	=	Average age of members is 13-15.99
SENIOR	=	Average age of members is 16+