



# CAS ESSENTIALS OPEN MEET & CAS CLINIC

January 8<sup>th</sup>, 2022 Saturday

Noon to 3pm Mather Sports Complex Dance Studio 3755 Schriever Ave Mather, CA 95655

After evaluation, athlete may learn the next level of compulsory or movement technique. Coaches will be available.

Name: \_\_\_\_\_ Coach: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ USTA#: \_\_\_\_\_

Email for confirmation of entry: \_\_\_\_\_

**Cost:** \$15 per evaluation or critique

\$5 for CAS Clinic after evaluation drop-in/payable at Meet Interested in clinic: Y or N

**Payable to California Baton Council via PayPal:** [californiabatoncouncil@gmail.com](mailto:californiabatoncouncil@gmail.com)

**Indicate** which CAS EVENT(S) you wished to have evaluated or critiqued:

*Athlete may attempt twice to pass any one level. Athlete may enter two consecutive different levels.*

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| Compulsory Evaluation or Critique<br>Level:<br>C B BI BII A AA AAA Elite | Movement Technique Evaluation or Critique<br>Level:<br>C B BI BII A AA AAA Elite |
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|--|--|
| Short Program Jr or Sr   |  |
| Compulsory Evaluation or Critique<br>Level:<br>C B BI BII A AA AAA Elite | Movement Technique Evaluation or Critique<br>Level:<br>C B BI BII A AA AAA Elite |

Short Program Jr or Sr

### How does this work?

Athlete will have a confirmed 15-minute time slot or more if needed based on entry.

Athlete may arrive 30 minutes prior to their allotted time to properly warm up inside or outside then shortly prior to time slot.

Athlete and spectator will wear a mask upon entry, follow social distance protocols and any other health guidelines required.

Athlete may wear mask during evaluation or prefer to take off only during evaluation.

**Fill out entry form by December 31<sup>st</sup>, 2021**, scan and send to CAS Open Meet Director, Paige Campbell: [vbcontest@gmail.com](mailto:vbcontest@gmail.com).

**PayPal Payment to California Baton Council:** [californiabatoncouncil@gmail.com](mailto:californiabatoncouncil@gmail.com) (US Mail Payment to: Tina Allman, CBC Treasurer, 555 Sunnyview Drive Apt 103 Pinole, CA 94564)

**Waiver of Liability:** I agree to assume the risk that may occur to my child as a result of participating in this evaluation. I will not hold Mather Sports Complex, California Baton Council, US Twirling Association, or any of its' officials liable. As parent/legal guardian, I assume full responsibility as a condition for VBC's acceptance of my child to participate in the above event. I agree to abide by the provided guidelines.

**Total Entry:**

\$

*Please send PayPal as Friends and Family, so no fees are accessed.*

Parent/Legal Guardian (signature): \_\_\_\_\_ Date: \_\_\_\_\_