



AAU BATON TWIRLING WAIVER APPLICATION

Please type or print all information below. Be sure to sign the last page of the waiver (applications will not be accepted without signature). When completed, attach any necessary documents to this form and mail to: Candice Dowdy, AAU National Baton Chair; 522 Hallowell Circle, Orlando, Florida 32828. You may also scan all documents and send via email to the National Chair at: candicedowdyaa@gmail.com Please allow one business week after waiver is received for final decision regarding status of waiver.

TWIRLER INFORMATION

Name of Twirler: _____ Age (As of 12-31-16): _____

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

Parent/Guardian Names: _____

Contact Phone Number: (____) _____ Is this a cell or land line? CELL LAND LINE

Additional Phone Contact: (____) _____ Who does this # belong to? _____

Twirlers' Email: _____ Parents' Email: _____

Twirlers Current Solo Status Level: _____ Twirlers Studio Name: _____

Twirlers Instructor Name: _____ Instructors Email: _____

AAU INFORMATION

Name of AAU District Twirler resides in: _____

Is this your first year to attend the Junior Olympic Games for Baton Twirling? YES NO If no, how many years have you attended and where? _____

Reason you are applying for AAU Baton Twirling Waiver (please check below):

_____ A medical condition that does not allow the athlete to compete in a local District Competition, area Super Regional Competition, or compete "at-large" in another District or Super Regional Competition. Competitors must be able to present a doctor's medical note to the AAU Baton Twirling National office when requesting to be considered for a waiver.

_____ Twirler **does not** have a District or Super Regional Competition in their area or does not have a neighboring district where they can compete "at-large".

ITEMS TO ATTACH

If the twirler has a medical reason in which they cannot compete at the qualifier a medical note must be attached that contains the following documentation:

- Date of initial appointment
- Name of Athlete
- Any medical information relating to specific condition that can be released (example: Knee injury, broken arm)
- Restrictions due to injury
- Specific release date
- Doctor's Signature

ADDITIONAL INFORMATION

The following reasons are not accepted when applying for a waiver:

- *A date conflict with any other event or activity*
- *Failure to know date of scheduled qualifiers*
- *Injury that is not accompanied by medical verification*

Approval of waivers will go through the following steps:

1. The National Baton Twirling Committee will review and approve/reject any application. During the review process the National Committee will check with any District or Super-Regional Contest Director to verify contest dates and get the District Director's input in regards to the consideration of the waiver.
2. The National Committee will make the final decision in regards to the status of the waiver application and report this to the National Office.
3. The Athlete will then be notified by the National office in regards to the final decision of the waiver application.
4. All waiver decisions given by the National Office are final.

Any waiver issued and be pulled from by the National Office if the athlete has been found to have:

1. Falsified medical information in order to obtain a waiver
2. Used a waiver to be excused from a AAU Qualifier, but has been found to competed or performed in an athletic event/performance before release date from the doctor.

REQUIRED SIGNATURE

Parents and twirlers listed on this form agree to that they have read and agree to comply with all information within this document. They also verify that all information given in this document is correct and agree to accept the final decision ruled by the AAU National Baton Twirling Board.

Signature of Twirler

Date

Signature of Parent/Guardian

Date