

U.S.B.F. BATTLE OF YORK

NATURAL BODYBUILDING / MSUSBF FIGURE / MSUSBF BIKINI

DON'T USE THIS ENTRY FORM AFTER JUNE 2ND. YOU CAN ONLY REGISTER ON-LINE AFTER JUNE 2ND.

Dear Prospective USBF Competitor,

On behalf of East Coast Power, I would like to thank you for considering the **2012 USBF Battle of York Bodybuilding & MsUSBF Figure Championships** held on **June 16TH**. The contest will be held at **West York Area Middle School** (see the directions below). If you are looking for a hotel, here is information on the **Event Hotel**:

Holiday Inn Conference Ctr., 2000 Loucks Rd., York, PA 17408, 717-846-9500 / 800-992-0613 (Just 1 mile away)
(Holiday Inn is offering a Discount Rate, just mention "USBF Bodybuilding")

For advance "**All Day Passes**", we are offering an early-bird (received prior to **June 2nd**) special of **\$25.00** (save \$5). The early-bird pricing for Children 12 & under will be \$10 for an "All Day Pass". **ALL SEATING IS GENERAL ADMISSION**. Call East Coast Power for details on **All Day Passes** or just include the order with your entry. After **June 2nd**, tickets will be **\$10.00** for Prejudging and **\$20.00** for the Finals. Call 410-265-8264 (between 6:00pm and 8:pm) to verify that your entry and / or ticket request was received and processed, or send us an e-mail at **Brian@usbf.net**. **All Day Passes** can be pick-up at the ticket table with **ID** one hour before the start of the show. **Except for the early-bird special, there will be no other discounts (i.e., senior citizens, students, and children) offered at the door. Seating is limited and we don't guarantee seating except for those who pay in advance.**

This is a **drug-tested** contest and urinalysis is the testing method. The USBF has adopted the IOC's Anabolic Steroid Banned Substance List that includes related substances such as Andro (converts to testosterone) and 19-Nor (converts to Nandrolone). The fact that a substance is sold over-the-counter does not automatically make it acceptable for drug tested competition. As a competitor that chooses to compete in drug-tested competition, you are responsible for being knowledgeable about the supplements that you consume.

EPHEDRINE IS FORMALLY BANNED BY THE USBF

SCHEDULE: **Saturday, June 16TH**: Check-In 8:30am-9:30am (**YOU MUST BE AT THE SHOW NO LATER THAN 8:30AM!**); Mandatory Contestant Meeting 9:30am; Judges Meeting 10:00am; Prejudging Starts: 11:00. Contestant Check-in: 3:15, Finals Start: 4pm. Contest Format: Prejudging - Quarter Turns and Compulsories; Finals - Group Presentation and Individual Posing to music.

MUSIC: NO PROFANITY IN POSING MUSIC. Be prepared to turn in your music during registration. **Music must be no longer than 60 seconds, CD only**, and your music must be the only music on the CD. **NO EXCEPTIONS, NO TAPES.**

SUITS: Must be one solid color, no metallic, T-Back, or G-String are permitted.

JEWELRY: Jewelry is not permitted. Due to health concerns, you won't be required to remove body piercing. Chains linking body-piercing jewelry are not permitted.

MsUSBF Figure & Bikini: The music, suits, and jewelry requirements above are for the bodybuilding competitors. MsUSBF Figure & Bikini requirements can be found on the Administrative page at www.USBF.net.

TOP 3 JUNIOR BB CLASS FINISHERS QUALIFY TO COMPETE AT THE 2012 JUNIORS NATIONALS HELD IN CONJUNCTION WITH THE 2012 PENNSYLVANIA NATURAL PRO-AM IN NOVEMBER.

NOVICE: Open to contestants that never won 1st in open competition or an Overall Novice title.

PROPS: The USBF allows limited use of props. A contestant must be capable of bringing it on stage as well as removing it.

CROSS-OVERS: A cross-over is a competitor that entered more than one class. **There is no crossing over between figure, bikini, and bodybuilding.** You can only cross-over within a division. For example, a figure competitor can enter as many figure classes as she likes, but that same figure competitor can't cross-over into bodybuilding or bikini.

There is risk associated with crossing over. If the scoring is very close, it would only take one judge changing his score to move you below someone you beat earlier in another class. If this is something that you may have a problem with, I strongly suggest that **don't** cross-over.

DIRECTIONS: FOR SPECIFIC DIRECTIONS FROM YOUR HOME, USE WWW.EXPEDIA.COM (CLICK ON DRIVING DIRECTIONS) AND ENTER THE SCHOOL ADDRESS: WEST YORK AREA MIDDLE SCHOOL, 1700 BANNISTER ST., YORK, PA 17404. THEY ARE CONSTANTLY DOING ROADWORK IN YORK, SO LEAVE EARLY TO GIVE YOUR SELF MORE TRAVELING TIME.

COMING FROM NORTH OR SOUTH – TAKE I83 TO EXIT 21B (US-30 / ARSENAL / LOUCKS / LINCOLN HWY). STAY TO YOUR RIGHT AND TAKE PA-74 RAMP (CARLISLE RD.), TURN LEFT ON PA 74 / CARLISLE RD; TURN RIGHT ON SEWART AND THIS WILL TAKE YOU RIGHT IN TO WEST YORK MIDDLE SCHOOL (1700 BANNISTER ST.)

CONTEST NOTES:

- PLEASE TAKE YOUR TIME IN READ THE ENCLOSED ENTRY FORM VERY CAREFULLY.
- MONEY ORDERS ARE THE ONLY ACCEPTABLE METHOD OF PAYMENT.
- ABSOLUTELY NO REFUNDS, FOR ANY REASON.
- A USBF CARD IS REQUIRED TO COMPETE IN THIS CONTEST. THE COST IS \$55 (\$45 ON-LINE) AND IT IS VALID FOR 12 MONTHS AFTER DATE OF PURCHASE.
- MAKE A COMPLETE COPY OF THIS ENTRY FORM BEFORE MAILING IT.
- THE ENTRY FEE INCLUDES DRUG-TESTING FEES.
- **NO PROFESSIONAL PHOTOGRAPHERS AND / OR CAMERAS ALLOWED.** WE DON'T MIND THE "POINT & SHOOT" CAMERAS BEING USED FROM YOUR SEAT, BUT DON'T PUT UP TRIPODS AND BLOCK THE VIEW OF OTHERS.
- ABSOLUTELY NO VIDEOTAPING UNLESS YOU HAVE THE PERMISSION OF THE PROMOTER.

***** BATTLE OF YORK 2012 OFFICIAL ENTRY FORM *****

(Please Print)

NAME: _____ AGE: _____ PHONE: _____ - _____ - _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CLUB: _____

USBF# (if available): _____ (USBF Membership Must Be Paid In Advance)

Email Address: _____

How did you hear about our show: gym flier (); friend (), other (explain): _____

Please provide the name & address of your gym so that we can add them to our list: _____

Please provide us with some general information for the Master of Ceremonies:

_____ IS FROM _____, _____, AND TRAINS AT _____
(YOUR FIRST & LAST NAME) (CITY) (STATE)

_____ WANTS TO THANK _____
(YOUR FIRST NAME)

(ADDITIONAL COMMENTS)

PLEASE CHECK THE DIVISION & WEIGHT CLASS:

MEN BODYBUILDING(Open Overall Champion Qualifies for Pro Status)

- | | | |
|---|---|---|
| <input type="checkbox"/> BANTAM (UNDER 145) | <input type="checkbox"/> MEN NOVICE (UP TO 3 CLASSES) | |
| <input type="checkbox"/> LIGHT (145 TO UNDER 155) | <input type="checkbox"/> *JR MEN 23 & UNDER | <input type="checkbox"/> *MEN MASTERS 60+ |
| <input type="checkbox"/> MIDDLE (155 TO UNDER 175) | <input type="checkbox"/> *MEN MASTERS 35+ | <input type="checkbox"/> *MEN MASTERS 70+ |
| <input type="checkbox"/> LT. HEAVY (175 TO UNDER 190) | <input type="checkbox"/> *MEN MASTERS 40+ | |
| <input type="checkbox"/> HEAVY (190 & OVER) | <input type="checkbox"/> *MEN MASTERS 50+ | |

FEMALE BODYBUILDING(Open Overall Champion Qualifies for Pro Status)

- OPEN (UP TO 3 WEIGHT CLASSES)
- *FEMALE MASTERS 35+; FEMALE NOVICE (UP TO 3 WEIGHT CLASSES)

MsUSBF FIGURE & BIKINI: (Review www.USBF.net for Judging Criteria)

(FIGURE OPEN OVERALL CHAMPION QUALIFIES FOR PRO STATUS)

- FIGURE OPEN (UP TO 3 HEIGHT CLASSES); FIGURE NOVICE (UP TO 3 HEIGHT CLASSES);
- *FIGURE MASTERS 35+ *FIGURE MASTERS 45+; BIKINI OPEN; BIKINI NOVICE; BIKINI 35+

***PROOF OF AGE IS REQUIRED FOR MASTERS, & JUNIORS WITH YOUR ENTRY.**

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ENTRY FEE(S):

- _____ : BODYBUILDING \ FIGURE - \$45 (PER AREA CHECKED); \$75 IF REC'D AFTER JUNE 2ND.
- _____ : COACH PASS - \$45 (NOT AVAILABLE AFTER JUNE 2ND). COACH MUST BE AT LEAST 18 YEARS OLD.
- _____ : ADULT ADVANCE "ALL DAY" TICKETS FEE: \$25.00 PRIOR TO JUNE 2ND
- _____ : CHILDREN 12 & UNDER ADVANCE "ALL DAY" TICKETS FEE: \$10.00 PRIOR TO JUNE 2ND
- _____ : MEMBERSHIP FEE: AMATEUR \$55.00; PRO \$65. VALID FOR ONE YEAR AFTER THE DATE PURCHASED (\$10 OFF MEMBERSHIP IF PURCHASED ON-LINE AT WWW.USBF.NET).

_____ : Total Amount Enclosed: (MONEY ORDER IS THE ONLY ACCEPTABLE FORM OF PAYMENT)

If you are not a current member, you are required to apply for membership with your entry.

Total Amount Enclosed: _____ (MONEY ORDER IS THE ONLY ACCEPTABLE FORM OF PAYMENT)

Please enclosed a money order for this amount and make payable to:

USBF, Inc. P.O. Box 20042, Baltimore, MD 21284-0042

ABSOLUTELY NO ENTRIES ARE ACCEPTED AT THE DOOR WITHOUT THE PERMISSION OF THE MEET PROMOTER!!!

RELEASE

I acknowledge that athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by the terrain, the facilities, temperature, weather, condition of athletes, spectator, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to athletics, but also present for volunteers. I hereby assume all of the risks of participating and/or volunteering in this event. I realize liability may arise from negligence, carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person. I acknowledge that this Accident Waiver and Release of Liability form will be used in the event holders, sponsors, organizers, in which I may participate and that it will govern my actions and responsibilities at said event.

In consideration of my application and permitting me to participate in this event, I hereby take actions for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property thefts or actions of any kind which might hereafter accrue to me including my traveling to and from this event, the following entities or persons:

Their directors, officers, employees, representatives, and agents, the event holders, event sponsors, event volunteers; (B) indemnify and hold harmless the entities or persons mentioned in this paragraph from any and all liability or claims made as result of participation in this event, whether caused by the negligence of releases or otherwise.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury accident or illness during this event.

I understand that at this event or related activities, I may be photographed. I hereby agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns.

I understand and accept that all fees are non-refundable for any reason.

I understand that this is a drug-tested contest and agree to submit to any testing method approved by the contest promoter. I also agree to accept, without challenge, the results of such drug tests. Unless in the case of inconclusive results, I understand agree that the preliminary results are final.

The accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document and I understand it's contents.

<hr/> Print Participants Name	<hr/> Age	<hr/> Participant Signature
<hr/> (If under 18 years old, Parent or guardian must also sign)		<hr/> Date

Parent Guardian Waiver for Minors

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all the parties referred to above from all liability, loss, claim or damage whatsoever which may be imposed upon said parties because of any defect or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

<hr/> Print Participants Name	<hr/> Age	<hr/> Signature of Parent or Guardian	<hr/> Date
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USBF MEMBERSHIP CARD

Below is the USBF Membership Card. This card is required to compete in any USBF Sanctioned event. Your membership number is a combination of your initials and date of birth, so your number will never change. The card is valid 12 months after the date of purchase.

When completing a membership form, remember the following: (1) Print clearly; (2) Sign in the appropriate areas, and (3) Don't send cash through the mail (money orders are the only acceptable payment method).

<i>* U.S.B.F. MEMBERSHIP FORM *</i>	
MAIL CARD TO: USBF NAT'L OFFICE, P.O. BOX 20042, BALTIMORE, MD 21284-0042	
(PRINT CLEARLY)	
FULL NAME: _____	
DOB: ___/___/___ AGE: _____ SEX(M/F): _____ ADDRESS: _____	
CITY: _____ STATE: _____ ZIP: _____	
e-mail: _____ Home Phone: _____	
Membership Fee: Amateur \$55, Professional \$65; Discount Membership is available on-line at www.usbf.net;	
Please Check One: Amateur BB ___; Amateur Figure ___; Amateur Bikini ___; Level 2 Masters Pro ___;	
Open Men/Women BB Pro ___; MsUSBF Figure Pro ___ & MsUSBF Bikini Pro ___.	
<small>I KNOW THAT MY PARTICIPATION IN U.S.B.F. ACTIVITIES IS POTENTIALLY HAZARDOUS AND CAN CAUSE BODILY INJURY OR DEATH. I CLEARLY UNDERSTAND THAT, BY SIGNING THIS FORM AND / OR MY INVOLVEMENT IN U.S.B.F. ACTIVITIES, I ASSUME ALL RISKS FOR ANY INJURY RESULTING THERE FROM AND WAIVE / RELEASE ANY AND ALL CLAIMS FOR DAMAGES THAT I MAY HAVE AGAINST THE USBF, ITS OFFICIALS, OR REPRESENTATIVES. I ALSO UNDERSTAND IN ACCEPT THE RESULTS OF ANY DRUG TESTING PERFORMED BY THE U.S.B.F. OR ITS REPRESENTATIVES. I UNDERSTAND THAT SUPPLYING INCORRECT INFORMATION ON THIS FORM VOIDS MY MEMBERSHIP. I UNDERSTAND THAT ANY AND ALL FEES ARE NON-REFUNDABLE.</small>	
X _____	X _____
APPLICANT'S SIGNATURE	PARENT'S SIGNATURE (IF UNDER 18)