

# City of Boerne Skate Battle

## Competitor Information

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

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

City: \_\_\_\_\_

Phone #: \_\_\_\_\_

Age Group: (circle one)    8U                    12U                    17U                    18+

Registration fee:    \$10.00 (cash only)  
Event:                Best 2 minute run over the park  
Where:                City of Boerne Skate Park 524 Adler St.  
When:                 Friday, March 20, 2020  
Time:                 4:00 to 6:00 PM

Warm-up and registration begins at 3:00 PM

\$10.00 entry fee includes TAAF membership that allows skater to participate in all TAAF skateboard competitions at the local and state level. For more information please contact Boerne Parks & Recreation 830-248-1635

## Rules & Guidelines

All participants of the competition must agree to the following rules and guidelines:

1. A HELMET WILL BE WORN AT ALL TIMES WHILE SKATING. This includes warm-up times and during competition. Failure to wear a helmet will result in removal from the competition without a refund.
2. All competitors will refrain from language that may be deemed offensive. This is for the benefit of observers who would like to bring their children to an event appropriate for the family. Failure to comply will result in the removal of the individual from the competition without a refund.
3. All competitors must be registered with TAAF. All competitors must register in their age groups; failure to comply will result in the removal from the competition without a refund.
4. All competitors must be AMATEUR status, a non-sponsor or paid professional skater.
5. Each skater will be assigned a number, bib that must be worn during the entire competition.
6. Skaters will have 2 minutes to skate, 2 minutes in the finals.
7. The top 4 skaters will advance to division finals.

## Criteria:

1. Tricks: Well executed, landed and number of tricks.
2. Difficulty: Level of difficulty of tricks, variety.
3. Originality: Has skater used all areas of the course?

I agree to the above said and guidelines and understand the consequences of non-compliance.

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Parent Signature (if under 18): \_\_\_\_\_