

***** BODY LANGUAGE NATURAL PHYSIQUE ASSOCIATION*****

New England Natural
Bodybuilding, Figure, Fitness, Bikini & Fit Model Championships

Dear Prospective BLNPA Competitor,

On behalf of Body Language Spoken, I would like to thank you for considering the New England Natural Bodybuilding, Fitness, Fit Model, Bikini and Figure Championships held on **April 10th, 2010**. The contest will be held at **Tolman High school, 150 Exchange Street, Pawtucket RI 02860**

This is a **Drug-tested** contest and urinalysis is the testing method. The BLNPA 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.

TICKETS: \$35.00 FOR DAY.

SCHEDULE: SATURDAY April 10, 2010

Bodybuilding, Figure, Fitness, Bikini & Fit Model Registration & Check-In: 7:30am

Bodybuilding, Figure, Fitness, Bikini & Fit Model Competitors MUST be checked in by 8:30 am in order to compete

Bodybuilding, Figure, Fitness, Bikini & Fit Model Competitors Briefing: 9:30 am

Bodybuilding, Figure, Fitness, Bikini & Fit Model (Prejudging: 11:00 A.M) (Finals: 4:00PM)

Prejudging - Quarter Turns and Compulsories. Figure Stage Walks.

Finals – Bodybuilding Group Presentation and Individual Posing to music. Fit Model, Bikini & Fitness Stage Walks will be Judged.

MUSIC: NO PROFANITY IN POSING MUSIC. Bodybuilding music must be NO longer than 60 seconds and Fitness NO longer than 2 minutes. Music must be in CD-Rom format and should be the only music on the CD.

SUITS: Bodybuilding Prejudging: Must be one solid color, No metallic, T-Back, or G-String is permitted.

NOVICE: First time competitor and never placed first in **ANY** contest.

PROPS: The BLNPA allows limited use of props. Special requests for posing routines (routine time & out of the ordinary props) must be made no later than **April 7th, 2010**.

CONTEST NOTES:

- **ABSOLUTELY NO ALCOHOL OR TOBACCO ON SCHOOL GROUNDS!!!!!! (Anyone found with either will be disqualified from the event and will be required to leave the premises immediately).**
- **PLEASE TAKE YOUR TIME AND READ THE ENCLOSED ENTRY FORM VERY CAREFULLY.**
- **PERSONAL CHECKS WILL NOT BE ACCEPTED. MONEY ORDERS ARE THE ONLY ACCEPTABLE METHOD OF PAYMENT BY MAIL.**
- **ABSOLUTELY NO DREAM TAN OR PAM SPRAY IS ALLOWED.**
- **ABSOLUTELY NO REFUNDS, FOR ANY REASON.**
- **MAKE A COMPLETE COPY OF THIS ENTRY FORM BEFORE MAILING IT.**
- **ONE COACH PER COMPETITOR WILL BE ALLOWED IN THE WARM-UP AREA WITH THE PURCHASE OF A TRAINER'S PASS. (ALL DAY TICKET)**
- **WALK – IN ARE ALLOWED (\$50.00 LATE FEE WILL APPLIED) CASH ONLY.**

FOR MORE INFORMATION:

KEVIN TOPKA

(508) 336-4587 (ph/fax)

(401) 265-8671 (cell)

KEVINTOPKA@AOL.COM

WWW.BLNPA.COM

***** **BODY LANGUAGE NATURAL PHYSIQUE ASSOCIATION** *****
NEW ENGLAND NATURAL OFFICIAL ENTRY FORM

(PRINT CLEARLY)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ AGE: _____ HEIGHT: _____' _____" WEIGHT: _____

HOME PHONE: (_____) _____ CELL PHONE: (_____) _____

EMAIL ADDRESS: _____ HAIR COLOR: _____ EYE COLOR: _____

NAME AND ADDRESS OF YOUR GYM: _____

PLEASE CHECK THE DIVISION & WEIGHT CLASS (CROSSOVERS ARE ALLOWED):

**OPEN OVERALL CHAMPIONS QUALIFIES FOR PRO-STATUS-FINAL APPROVAL FOR PRO-CARDS WILL BE MADE BY THE
BLNPA CHAIRMAN KEVIN TOPKA**

- | | |
|--|--|
| <input type="checkbox"/> LIGHT (UNDER 165) | <input type="checkbox"/> MEN NOVICE (Class will be split on the morning of the show) |
| <input type="checkbox"/> MIDDLE (165 TO UNDER 175) | <input type="checkbox"/> MEN MASTERS 40+ |
| <input type="checkbox"/> LIGHTHEAVY (175 TO UNDER 185) | <input type="checkbox"/> MEN GRANDMASTERS 50 + |
| <input type="checkbox"/> HEAVY (185 AND OVER) | <input type="checkbox"/> MEN JUNIORS (23 & UNDER) |
| | <input type="checkbox"/> TEENAGERS (19 & UNDER) |

WOMEN'S BODYBUILDING

OPEN (If 7 or fewer competitors, there will be one class. If more than 7 competitors, the contestants will be divided evenly into 2 classes based on bodyweight)

*FEMALE MASTERS 40 *FEMALE Novice (One Class)

FIGURE, BIKINI, FIT MODEL & FITNESS

FIGURE OPEN: (Figure & Novice Classes will be split into height classes at the show as needed)

NOVICE FIGURE MASTER FIGURE 35+ (One Class)

OPEN BIKINI & SPORTSWEAR: (Bikini Classes will be split into height classes at the show as needed)

BIKINI CLASSIC 35+ (One class) NOVICE BIKINI FITNESS (One class) FIT MODEL & SPORTSWEAR(One class)

***PROOF OF AGE AND/OR HEIGHT IS REQUIRED FOR CERTAIN CLASSES. ALL COMPETITORS MUST INCLUDE A PHOTOCOPY OF THEIR DRIVER'S LICENSE OR BIRTH CERTIFICATE WITH ENTRY FORM.**

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**ENTRY FEE: INCLUDE DRUG TESTING: \_\_\_\_\_ (RECEIVED BY APRIL 1st) = \$100.00**

**CROSSOVER FEE: \_\_\_\_\_ (ONE CROSSOVER= \$50.00) (TWO CROSSOVER= \$75.00)**

**LATE ENTRY FEE: \_\_\_\_\_ (RECEIVED AFTER APRIL 1st) = \$150.00 \*(UNLESS ARRANGEMENT IS MADE)**

**Body Language Spoken LLC,  
Attn. Kevin Topka  
26 Olney Street  
Seekonk, MA 02771**

To pay by Credit Card:

Credit Card Number: \_\_\_\_\_ Card Verification Number: \_\_\_\_\_

Credit Card: Visa \_\_\_\_\_ Master Card \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Your Zip code: \_\_\_\_\_

You can call Kevin Topka at (508) 336-4587 to provide your credit card information.

(Mail-in & Telephone Credit Card transactions are subject to a **\$5.00** processing fee)

**MAKE A COMPLETE COPY OF THIS ENTRY FROM BEFORE SENDING IT IN!!**

FOR MORE INFORMATION WWW.BLNPA.COM

**\*\*\*\*\* BODY LANGUAGE NATURAL PHYSIQUE ASSOCIATION\*\*\*\*\***

**RELEASE:**

I acknowledge that athletic event is an extreme test of a person' 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, and 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 travelling 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 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.

**DRUG TESTING INFORMATION:**

This is a drug-tested contest and urinalysis is the testing method. The BLNPA has adopted the IOC's Anabolic Steroid Banned Substance List that includes Anabolic Agent: Bolasterone Metabolite, Boldenone Metabolite, Clembuterol, Clostebol Metabolite, Danazol &/or metabolite, DHCMT (Dehydrochloromethyltestosterone) metabolite, Dihydrotestosterone, Dromostanolone &/or metabolite, Ethylestrenol/Norethandrolone Metabolite, Fluoxymesterone Metabolite, Formebolone metabolite, Furazabol Metabolite, Mesterolone &/or Metabolite, Methandienone (Dianabol, Methandrostendione) Metabolite, Metandriol &/or Metabolite, Mthenolone 7/or Metabolite, Methultestosterone Metabolite, Mibolerone Metabolite, Nandrolone/Nrandrostendione/Norandrostediol Metabolite, Oxandrolone&/or Metabolite, Oxymesterone, Oxymetholone Metabolite, Stanozolol Metabolite, Testosterone/Androstendione/Androstendiol/DHEA (T/E Ratio > 6), Trenbolone Metabolite  
Masking Agent: Probenecid, Epitestosterone ( 200 ng/mL)

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.

It is the contestant's responsibility to remember to stay after the show to be tested if you are a winner or place 2nd when applicable. When taking the drug test, you must leave clothes and bags outside of stall wearing only posing suit. When Urine sample is completed, seal, initial bottle, and return to tester.

Anyone found using a controlled bodybuilding drug i.e., Anabolic Steroid Banned Substance or any bodybuilder forgetting to leave urine sample will lose title and **WILL BE BANNED FROM THE B.L.N.P.A. FOR LIFE. THERE IS NO RETEST.**

**ABSOLUTELY NO ALCOHOL OR TOBACCO ON SCHOOL GROUNDS!!!!!! (Anyone found with either will be disqualified from the event and will be required to leave the premises immediately).**

I hereby certify that I have read this document and I understand its contents.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Print Participants Name                      DOB                      AGE                      Participant Signature                      Date

**(If under 18 years old, Parent or guardian must also sign)**

**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.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Print Participants Name                      DOB                      AGE                      Signature of Parent or Guardian                      Date



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**Competitor Bio Form for Evening Show**

Please **PRINT** your information in the following spaces.

Competitor # \_\_\_\_\_

(Full Name) \_\_\_\_\_.

(First Name) \_\_\_\_\_ is from \_\_\_\_\_

and He/She works out at \_\_\_\_\_ in

\_\_\_\_\_.

He/She is a \_\_\_\_\_ year old

\_\_\_\_\_ (occupation) and He/She would like to

thank \_\_\_\_\_

\_\_\_\_\_.

**CHOOSE ONE**

**This is His/Her FIRST COMPETITION.**

**OR—LIST THE SHOWS YOU DID AND YOUR  
PLACINGS** \_\_\_\_\_

\_\_\_\_\_