

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

**New England Natural
Bodybuilding, Fitness & Figure Championships**

Dear Prospective BLNPA Competitor,

On behalf of Body Language Spoken, I would like to thank you for considering the NewEngland Natural Bodybuilding, Fitness and Figure Championships held on **April 12th, 2008**. The contest will be held at **Seekonk High School
261 Arcade Avenue Seekonk MA 02771**

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.

SCHEDULE: Saturday, April 12, 2008

Bodybuilding Registration & Check-In: 8am Bodybuilding Contestant Meeting 9:30am;

Bodybuilding Competitors MUST be checked in by 9:00 am in order to compete

Bodybuilding Prejudging: 11:00 a.m. Figure/Fitness Check-In: 1:00 pm; Figure/Fitness Competitor Briefing: 3:00 pm

Bodybuilder Contestant Meeting: 4:00pm, Finals Start: 4:30 pm. (Figure/Fitness will be judged during the evening show).

Prejudging - Quarter Turns and Compulsories. Finals - Group Presentation and Individual Posing to music.

Cash Award for Pro

MUSIC: NO PROFANITY IN POSING MUSIC. Music must be no longer than 60 seconds. 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: 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 1st, 2008.**

CONTEST NOTES:

- **PLEASE TAKE YOUR TIME AND READ THE ENCLOSED ENTRY FORM VERY CAREFULLY.**
- **NO WALK-IN FOR PROS**
- **PERSONAL CHECKS WILL NOT BE ACCEPTED. MONEY ORDERS ARE THE ONLY ACCEPTABLE METHOD OF PAYMENT.**
- **ABSOLUTELY NO REFUNDS, FOR ANY REASON.**
- **A BLNPA CARD IS REQUIRED TO COMPETE IN THIS CONTEST. THE COST IS \$35 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.**
- **ONE COACH PER COMPETITOR WILL BE ALLOWED IN THE WARM-UP AREA WITH THE PURCHASE OF A TRAINER'S PASS.**
- **WALK – IN ARE ALLOWED (LATE FEE WILL APPLIED)**

**FOR MORE INFORMATION:
KEVIN TOPKA
(508) 336-4587 (ph/fax)
(401) 265-8671 (cell)
KEVINTOPKA@AOL.COM
[HTTP://WWW.BLNPA.COM](http://WWW.BLNPA.COM)**

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

NAME: _____ DOB: _____ AGE: _____ HEIGHT: _____

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

PHONE: () _____ BLNPA# (if available): _____

CLUB: _____ Email Address: _____

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

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

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

MEN'S, FEMALE'S BODYBUILDING, & FIGURE (Open Overall Champion Qualifies for Pro Status)

Bantam (under 140) MEN NOVICE (Class will be split on the morning of the show)
 Light (140 to under 155) MEN MASTERS 40+
 Middle (155 to under 175) MEN GRANDMASTERS 50 + SENIOR GRANDMASTERS 60+
 Lighthheavy (175 to under 190) TEENAGERS (19 & UNDER) MEN JUNIORS (23 & UNDER)
 Heavy (190 and Over) *Male Open Pro (If 3 or less Pros by April 1st, there will be NO class) NO WALK-IN

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 *FEMALE OPEN PRO** (If 3 or less Pros by April 1st, there will be NO CLASS) NO WALK-IN

FIGURE & FITNESS

*FIGURE Open PRO***** (If 3 or less Pros by April 1st, there will be NO class) NO WALK-IN

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

FIGURE MASTERS 50+ FIGURE CLASSIC 35 + NOVICE FIGURE FITNESS TEENS FITNESS (17 & UNDER)

***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: \_\_\_\_\_ (RECEIVED BY April 1st) = \$45.00    Entry Fee: \_\_\_\_\_ (RECEIVED AFTER April 1st) = \$80.00  
Crossover Fee: \_\_\_\_\_ = \$30.00    \*\*\*\*\*TEENS FITNESS: \_\_\_\_\_ = \$30.00  
Pro Entry Fee: \_\_\_\_\_ (RECEIVED BY April 1st) = \$80.00    Pro Entry Fee: \_\_\_\_\_ (RECEIVED AFTER April 1st) = \$115.00  
Membership Fee: \_\_\_\_\_ (\$35.00 Valid for one year after the date purchased)    Pro Fee: \_\_\_\_\_ \$50.00

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

**Kevin Topka**  
**Body Language Spoken**  
**26 Olney St**  
**Seekonk, MA 02771**

**To pay by Credit Card:**

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

**Type of Credit Card: Visa \_\_\_\_\_ Master Card \_\_\_\_\_ AMX Card \_\_\_\_\_ Expiration Date: \_\_\_\_\_**

**Or you can call Kevin 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 – [HTTP://WWW.BLNPA.COM](http://www.blnpa.com)**

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**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.**

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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**BLNPA MEMBERSHIP CARD**

Below is the BLNPA Membership Card. This card is required to compete in any BLNPA 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).

**\* B.L.N.P.A. MEMBERSHIP FORM \***

(PRINT CLEARLY)

FULL NAME: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ AGE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-mail: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Membership Fee: \$35.00 Pro Fee: \$50.00 BLNPA# \_\_\_\_\_

I KNOW THAT MY PARTICIPATION IN B.L.N.P.A. ACTIVITIES IS POTENTIALLY HAZARDOUS AND CAN CAUSE BODILY INJURY OR DEATH. I CLEARLY UNDERSTAND THAT, BY SIGNING THIS FORM AND / OR MY INVOLVEMENT IN B.L.N.P.A. ACTIVITIES, I ASSUME ALL RISKS FOR ANY INJURY RESULTING THEREFROM AND WAIVE / RELEASE ANY AND ALL CLAIMS FOR DAMAGES THAT I MAY HAVE AGAINST THE BLNPA, ITS OFFICIALS, OR REPRESENTATIVES. I ALSO UNDERSTAND IN ACCEPT THE RESULTS OF ANY DRUG TESTING PERFORMED BY THE BLNPA OR ITS REPRESENTATIVES. I UNDERSTAND THAT SUPPLYING INCORRECT INFORMATION ON THIS FORM VOIDS MY MEMBERSHIP.

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
 APPLICANT'S SIGNATURE PARENT'S SIGNATURE (IF UNDER 18) Date

**Mail to:**

**Kevin Topka  
Body Language Spoken  
26 Olney St  
Seekonk, MA 02771**

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**Competitor Bio Form for Evening Show**

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

**Competitor # \_\_\_\_\_ is**

**(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 \_\_\_\_\_**

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