



REGISTRATION FORM

(ONE FORM FOR UP TO 3 TEAMS/INDIVIDUALS)

FAX 1-866-377-9259

Mail: CheerFest: 3511 Maitland Dr., Raleigh, NC 27610

DIRECTIONS: Please complete this form to register up to 3 teams/ individuals. Make copies for additional teams if needed. Include **ONE PAYMENT** per program. Double-duty/Crossover participants pay an extra \$20 per team that they compete with. (Complete T-Shirt Sizes Below)

Event Name

Organization/School Name

Address

City State Zip

Contact Person Mobile Phone

Daytime Phone Evening Phone

Email Fax

Coach's Signature Required

I have read, understood and agreed to the policies and procedures as listed on the www.CheerFest.com website. Furthermore, I understand the level Play division leveling system and will compete within those guidelines.

DOUBLE-DUTY/CROSSOVER PARTICIPANTS

Please list team names and divisions of all double-duty competitors that could have conflicts in competition times.

NOTE: We will make every effort to give your team members enough time to compete on 2 or more teams. We cannot guarantee more than a **15 minute** separation between competition times. **Warm-up and award ceremony times may conflict.**

____ Shares With _____

Name and Team Team

____ Shares With _____

Name and Team Team

____ Shares With _____

Name and Team Team

____ Shares With _____

Name and Team Team

____ Shares With _____

Name and Team Team

*if you have more double-duty participants please attach them to this registration form

T-SHIRT SIZES (Payment Required Before We Will Place Shirt Order)

YS | YM | YL | AS | AM | AL | XL

Event Shirts for Coaches (\$12 Extra)

AS | AM | AL | XL

Team/Individual 1:

Team Name Division (Required)

#Males #Females TOTAL

Coach# 1 Coach#2

2 Coaches FREE! List Additional Coaches (\$10 per additional coach)

Team/Individual 2:

Team Name Division (Required)

#Males #Females TOTAL

Coach# 1 Coach#2

2 Coaches FREE! List Additional Coaches (\$10 per additional coach)

Team/Individual 3:

Team Name Division (Required)

#Males #Females TOTAL

Coach# 1 Coach#2

2 Coaches FREE! List Additional Coaches (\$10 per additional coach)

Payment

____ X \$ ____ = ____
Total Competitors Entry Fee

____ X \$ ____ = ____
Total Individual Competitors Entry Fee

____ X \$ ____ = ____
Total Stunt Groups Entry Fee

____ X \$10 ____ = ____
Additional Coaches

____ X \$20 ____ = ____
Double-Duty/Crossovers

Payment Total: \$ _____

*See www.CheerFest.com for Due Dates

CERTIFIED FUNDS ONLY WITHIN 20 DAYS OF EVENT

Cheer Fest Medical and Photography Release Form

Toll Free 866-89-CHEER Fax 1-866-377-9259 3511 Maitland Dr. Raleigh, NC 27610

ALL BLANKS MUST BE COMPLETED.

PLEASE PRINT

Participant's Name _____ Male/Female _____

School or All-Star Organization _____ Date of Birth _____

Event attending _____ Event Date: _____

Last grade completed _____

Name of Parent/Guardian _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Cell # _____

E-mail Address _____

Medical Information

Please list participant's allergies to medication, current medications being taken, and any past or present medical conditions that could impair participant's performance:

I, _____, the undersigned parent/guardian do hereby grant permission for my child, _____, to participate in the above noted Cheer Fest event.

I understand that I must be in compliance with ALL Cheer Fest event rules and regulations to participate in any Cheer Fest event. I also understand that any violation of this agreement may result in removal or disqualification of the individuals and/or teams involved.

I understand that there is a possibility of illness or injury (minor, serious, or even death) with my child's participation in the event.

I do hereby grant permission for any Cheer Fest staff members, EMT, hospital staff members, or any medical personnel to administer any necessary medical treatment to my child in the event of any illness or injury. I agree that I am responsible for all costs associated with any medical treatment.

I agree to hold Cheer Fest, Cheer Fest staff members, anyone associated with Cheer Fest and the event facility harmless of liability for any injury or illness incurred by the participant before, during, or after the event.

I do hereby grant permission to photograph or video tape my child or me for all future advertisements, website, marketing literature, or promotional videos for Cheer Fest.

By signing below, I have read and agree to the above medical and photography release.

Participant signature

Date

Parent/Guardian signature

Date

Coaches,

Please fax or mail all completed compliance forms at least 10 days prior to the event. Please keep a copy of each form with you throughout the event.