



COLLEGE
CHEERLEADING
& DANCE TEAM
NATIONAL CHAMPIONSHIP

ELIGIBILITY FORM

Please complete the information below on EACH coach and participant attending the 202' UCA / UDA College Cheerleading and Dance Team National Championship, as well as your respective school information. This information must be completed and turned in with your registration by January 4, 202'. This information must be confirmed, authorized and approved by your institution's Registrar's Office for your team to compete. All teams (Cheer and Dance) must have a current USA Cheer Coach Membership / USA Dance Membership in order to go into warmup area, backstage or coaches' box and will be required to show ID upon registering at the event. In addition each cheer team must have at least one USA Cheer Coach that has completed the USA Cheer Safety and Risk Management course in order to participate.

Please PRINT or TYPE.

Name of School: _____ Division: _____

Select one: Cheer Dance Mascot

COACHES' NAMES

1. _____
 (Coaches' Names) (Cheer Certified – Yes/No) (Date Certified)

2. _____
 (Coaches' Names) (Cheer Certified – Yes/No) (Date Certified)

I certify that the participants listed below are current and eligible members of the above referenced team. I acknowledge that misrepresentation on this form could result in disqualification from the Championship. CHEER ONLY: All of the cheer team members listed below always abide by the USA Cheer College Cheerleading Safety Rules throughout the entire year.

 (Head Coaches' Signature) (Date)

Participants Name

Hours Currently
Enrolled

Years of Eligibility
Completed

Date of Birth

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

20. _____

Alternate Participants Name	Hours Currently Enrolled	Years of Eligibility Completed	Date of Birth
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

I certify that all the above listed participants meet the eligibility requirements of _____ (College/University) to be a current and active member of the above listed team participating in the 202' UCA/UDA College Cheerleading and Dance Team National Championship January 1' -1) , 202' .

THIS FORM MUST BE SIGNED BY THE COACH ABOVE, AS WELL AS SIGNED BY THE SCHOOL'S REGISTRAR'S OFFICE AND SCHOOL ADMINISTRATIVE SUPERVISOR.

Registrar's Signature:

Print Name: _____

Date: _____

Administrative Supervisor Signature:

Print Name: _____

Date: _____