



Performance Recreation Verification Form

Cheerleading Program Name: _____

Head Coaches Contact Information: Name: _____

Phone Number: _____

E-mail Address: _____

Program Address: _____

Our Program identifies as: ☐ Traditional ☐ Club

Team Division(s): _____

For the purpose of competing, Performance Recreation – Traditional and Club Cheerleading is defined below. All teams competing in these divisions must meet these criteria in order to compete in these divisions. (If you are a Traditional program, please fill out side A. If you are a Club program, please fill out side B.)

SIDE A

1a. Must be affiliated with, report to, and be governed by an organization such as the following (*check one*)

- ☐ YMCA
- ☐ Boys and Girls Club
- ☐ City/County Parks and Recreation Program
- ☐ Community Youth Organization
- ☐ Pop Warner Association

1b. List your Governing Organizations Name:

_____ 2. **100%** of the team must cheer for a sport within the same governing organization during the 2018-2019 cheer season. Each athlete must cheer at **all** games. Coach must submit each cheerleading team's game schedule within their organization.

Initial Here

Our program cheer's for _____ from _____ until _____.
(Sport) (Beginning of Season) (End of Season)

_____ 3. Team must submit a roster with birthdates for each athlete. Roster must be updated for each event and provided at in for event. Team must readily produce roster and copies of each athlete's birth certificates at each event. Team members must fulfill the age requirement for the division that they are entering on/before August 31, 2018.

Initial Here

_____ 4. Team must wear uniforms with color or logo that supports the organization they are cheering for.

Initial Here

_____ 5. Organization is completely independent from All Star. All Star Organizations are not permitted to register as a recreation team in competition. A recreation team may **not have any all-star athletes** on its team.

Initial Here

_____ 6. Team must submit a medical waiver/form for each athlete.

Initial Here

_____ 7. Team agrees to adhere to all event producer rules and regulations, as well as music guidelines.

Initial Here

*Your initials above states that your organization agrees, understand and complies with **all** of the above guidelines.

If you do meet ALL of the requirements listed above, you must have your Rec Organization President or higher seated authority sign below.

Print Name

Position

Signature

Date

SIDE B

1. Define Club Affiliation.

☐
☐
☐
☐
☐
☐

YMCA

Boys and Girls Club

City/County Parks and Recreation Program

Community Youth Organization

Pop Warner Association

Other: _____

If *Other* is checked, explain what defines your program as a youth club. _____

*If more space is needed to explain club affiliation, please attach an additional paper.

- _____
Initial Here
2. Each team must provide a list of non-competitive events that they perform at during the 2018-2019 cheer season, or a sports schedule for games they cheer at throughout the season.
- _____
Initial Here
3. Team must submit a roster with birthdates for each athlete. Roster must be updated for each event and provided at check in for event. Team must readily produce roster and copies of each athlete's birth certificates at each event. Team members must fulfill the age requirement for the division that they are entering on/before August 31, 2018.
- _____
Initial Here
4. Organization is completely independent from All Star. All Star Organizations are not permitted to register as a youth club team in competition. A youth club team may **not have any all-star athletes** on its team.
- _____
Initial Here
5. Team must submit a medical waiver/form for each athlete.
- _____
Initial Here
6. Team agrees to adhere to all event producer rules and regulations, as well as music guidelines.

*Your initials above states that your organization agrees, understand and complies with **all** of the above guidelines.

If you do meet ALL of the requirements listed above, you must have your Club Organization President or higher seated authority sign below.

Print Name

Position

Signature

Date

* If you do not meet ALL of the requirements listed above, your program is not eligible to compete.

GIVE A COPY OF THIS FORM TO EVERY PARTICIPANT

LIABILITY RELEASE AND WAIVER FORM

Every participant must have an original, completed and signed release form to turn in at registration at the door in order to participate

Minor's Name _____

Name of Parent or Legal Guardian _____

Address _____

School /Team Name _____

City, State, Zip _____

Division _____

Daytime Phone Number (_____) _____

Event Location _____

Evening Phone Number (_____) _____

Event Date _____ Cheer [] Dance []

Liability Release: For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I _____, as parent or legal guardian of _____, a minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in the above ("Event") to be conducted by Varsity Spirit LLC ("Varsity Spirit"). I, in my own behalf and on behalf of Minor, further agree to release and to hold harmless Varsity Spirit, Varsity Spirit's Corporate Sponsors (hereinafter "Sponsors"), the hosting site, (university, hotel, convention center, high school) on whose premises the Event will occur (hereinafter the "Location"), the affiliates of Varsity Spirit, the National High School Cheerleading Championships, Inc., a not for profit corporation ("NHSCC"), U.S. All Star Federation, Inc., a not for profit corporation ("USASF"), American Association of Cheerleading Coaches and Administrators, Inc., a not for profit corporation ("AACCA") and the respective directors, officers, representatives, members, agents and employees of the preceding parties (hereinafter collectively "Releasees") from any and all liability whether caused by negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Event, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and / or death) that Minor may incur or sustain during the Event, all activities associated with the Event and while traveling to and from the site for the Event whether or not the Event actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other persons on the account of damages of any character resulting to Minor in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss or costs Releasees may have to pay as a result of any such action, claim or demand.

I, in my own behalf and on behalf of Minor, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minor, am aware that this Liability Release releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of Minor, further acknowledge that nothing in this Liability Release constitutes a guarantee that the Event will occur. I, in my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian: **X** _____ **Date:** _____

Supervision: A chaperone/adult (age 21 and over) is required to attend with participants. This chaperone will be responsible for the participants at all times. The Releasees are not responsible for participants' supervision.

Appearance Agreement: I understand that as participant and/ or a spectator at the Event that Minor may be included in videotapes, dvd's, pod casts and video casts or photographs taken during the Event. Therefore, without reservation or limitations, I, in my own behalf and on behalf of Minor, hereby assign, transfer and grant to Varsity Spirit, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and / or videotape Minor and to utilize such videotapes and photographs and Minor's name, face likeness, voice and appearance as a part of the Event or in any other media now in existence or hereafter developed, in advertising and promoting the Event, in advertising and promoting similar future events or in advertising and promotions relating to Varsity Spirit, and for any other use or purpose whatsoever without reservations and limitations. I further understand that neither Varsity Spirit nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges herein granted. I waive any right to inspect or approve any materials related thereto.

Medical Release: I, in my own behalf and on behalf of Minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/ or death) and that I, in my own behalf and on behalf of Minor, acknowledge that Minor is assuming the risk of such illness or injury by participating in the Event. In the event of such illness or injury, I authorize Varsity Spirit to obtain necessary medical treatment for Minor and hereby, in my own behalf and on behalf of Minor, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of Minor for any illness or injury that Minor may sustain during the Event and while traveling to and from the site for the Event whether or not the Event actually occurs.

I represent that any medication to which Minor is allergic or medications that Minor is currently taking are listed below. I agree that Minor shall bring medications which Minor is currently taking with him / her to the Event and that he / she shall consume the prescribed dosage for such medications.

Medications (if any): _____

Allergic to (if any): _____

I acknowledge that the Minor suffers from the following conditions: _____

I, in my own behalf and on behalf of Minor, hereby warrant that I have read this Participant Release and Waiver Form in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minor, am aware that this Participant Release and Waiver Form releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of Minor, further acknowledge that nothing in this Participant Release and Waiver Form constitutes a guarantee that the Event will occur. I, in my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will. Minor and I understand that Sponsors may distribute samples of their products at the Event.

Signature of Parent or Legal Guardian: **X** _____ **Date:** _____

Relationship to Minor: _____

Minor Birthdate: _____

I, identified above as Minor, acknowledge that I have read this Release and Waiver form.

Signature of Minor: **X** _____ **Date:** _____