

10th Eastview High School's Annual Twin Cities Open Cheerleading Competition

SUNDAY, NOVEMBER 15, 2009

COMPETITION BEGINS AT 11AM AT EASTVIEW HIGH SCHOOL, APPLE VALLEY

School Divisions:

Elementary
Junior High
Junior Varsity
Small Varsity
Medium Varsity
Large Varsity
Super Large Varsity
Co-Ed (2+ males)
Novice

All Star Divisions:

Tiny
Mini
Youth
Junior
Senior
Co-Ed (2+ males)

We've Reached a Milestone!

Come help us celebrate!

Details: *UCA Rules will be followed.

*Time Limit: 2:30 Routine maximum

-School Teams: 1:30 Music Maximum

-All-Stars Teams: 2:30 music maximum

*Registration at 7:00AM

* Timed Warm-ups begin at 8:00AM

*Coaches meeting at 10:30AM

*Lib-Off Contest

*UCA Score Sheets will be used.

CASH PRIZE FOR
GRAND CHAMPS!!!

NEW 9 STRIP
PERFORMANCE
FLOOR!!!

Registration: *Mail enclosed registration sheet with full payment

*Due on **October 26th, 2009!**

*\$18 per participant (non-refundable entry fee)

*Verification of Registration will be emailed

*Warm-up times will be emailed

Questions:

Tim Navarro

timnavarro@hotmail.com

Sarah Larson

sarahlars3@hotmail.com

Kate Oakes

oakes.katie@yahoo.com

WE HOPE TO SEE YOU THERE!

10th Eastview High School's Annual Twin Cities Open Cheerleading Competition

Sunday, November 15TH, 2009

REGISTRATION FORM

Due October 26th, 2009

Team Name _____
School/Gym _____
Address _____
City _____ State _____ Zip Code _____
Phone # _____

Head Coach _____
Address _____
City _____ State _____ Zip Code _____
Email _____
Phone # _____
Other Coaches _____

School Divisions:

Elementary
 Junior High
 Junior Varsity
 Small Varsity
 Medium Varsity
 Large Varsity
 Super Large Varsity
 Co-Ed (2+ males)
 Novice

All Star Divisions

Tiny
 Mini
 Youth
 Junior
 Senior
 Co-Ed (2+ males)

Number of Competitors: _____ x \$18 = \$ _____ **Total Due**
(Competition payment is non-refundable Checks payable to Eastview Cheer)

PRE-ORDERED 10th ANNUAL T-SHIRTS

___XS ___S ___M ___L ___XL #Shirts _____ x \$20 = \$ _____ **Total Due**

Please mail Registration Form, Roster, and Full Payment to:

EASTVIEW CHEER
15717 FJORD AVENUE
APPLE VALLEY, MN 55124

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PARENTAL CONSENT/LIABILITY FORM

I, the undersigned parent or guardian, do hereby grant permission for my daughter/son, _____, to participate in the activity of cheerleading at Eastview High School. In order that my daughter/son may receive necessary medical treatment in the event she/he may sustain injury or illness during participation in this activity, I hereby authorize the cheerleading coaches or authorized school representatives to seek proper treatment for my daughter/son, and I hereby hold District 196, Eastview High School, and its representatives harmless in the exercise of authority.

I understand that this activity involves risk to the participant. I further acknowledge and understand that due to nature of this activity, which involves inversion and rotation of the body, there is a possibility that my daughter/son may sustain physical illness or injury (minimal, serious, or catastrophic), in connection with her or his participation. I further acknowledge and understand that my daughter/son is assuming the risk of such physical illness or injury by her/his participation, and I further release District 196, Eastview High School, and its representatives from any claims for personal illness or injury that my daughter/son may sustain during participation in this activity.

I further understand that Eastview High School has established rules and regulations pertaining to conduct, behavior, and activities of all students and cheerleading participants, by which my daughter/son must abide during participation in this activity, and that my daughter/son and I will be responsible for her/his failure to abide by those rules and regulations.

My daughter/son and I have read and understand the parental consent/liability form.

School/Team Name _____

Participant Name _____

Participant Signature _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

Address _____ State _____ Zip Code _____

Insurance Carrier _____ Group # _____

****PLEASE RETURN THIS FORM TO YOUR COACH/ADVISOR. HE/SHE MUST TURN IN THIS FORM FOR EACH MEMBER AT REGISTRATION ON COMPETITION DAY****

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Team Name _____

	NAME	GRADE	AGE
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