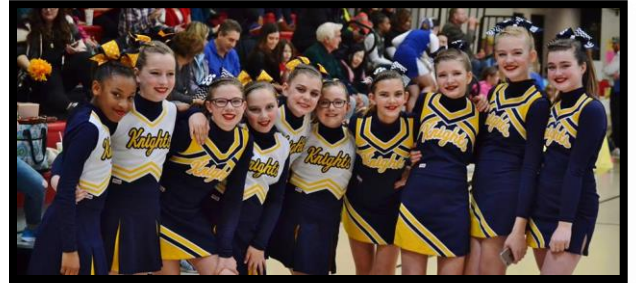


You are invited to participate in the
2018
WINTER CHEER CLASSIC
for Middle School Cheer Teams



Sunday February 4, 2018

@ The Burlington School
1615 Greenwood Terrace, Burlington

Doors open at 12:30 pm

Opening Ceremonies 2:00pm

Entry Fees: JV \$5 per cheerleader
Varsity \$10 per cheerleader

Deadline: RSVP by January 30, 2018
Teams must submit completed
registration form and payment

CHECKS MADE PAYABLE TO: BSS ATHLETICS

Mail to: Blessed Sacrament School
c/o Aileen Bost
515 Hillcrest Avenue
Burlington, NC 27215

Fees:

- Gate fee \$3 per Adult, \$1 per Student
- 2 Coaches per Registered Team Free
- Concessions available
- Shout-outs \$1 each purchased at event

Schedule:

- 1:00 Team Registration begins
- 1:25 Remarks / Coaches Meeting
- 1:30 Warmups
- 2:00 Opening Ceremony

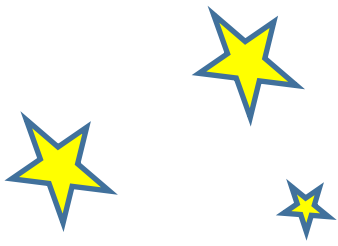
Event T-shirts: ➤ \$10 pre-ordered (YL XS S M L XL)
➤ \$15 at event

Questions? Aileen Bost abost@bssknights.org



RULES

- Maximum performance time is 3 ½ minutes.
- Teams will be judged on dance, spirit, motions, choreography, stunts, tumbling, and overall appeal.
- JV Squads will perform as exhibition only, but will receive judges' evaluation notes.
- Teams must follow NFHS spirit rules. www.nfhs.org. Any violations may result in a deduction from the total score.
- Teams must bring in music in either MP3 or CD format and must be clean/radio edit versions. Please test all music. CDs must be able to play in a boom box.
- Teams must have one person designated from their team operating the music during the performance.
- Warm-ups: Each team will be given warm up time on the competition mat.
- Coaches need to bring a copy of registration form and one medical waiver for each participant upon check-in.



Blessed Sacrament School
 515 Hillcrest Avenue, Burlington NC 27215
 Phone: (336) 570-0019
 Fax: (336) 570-9623

REGISTRATION FORM

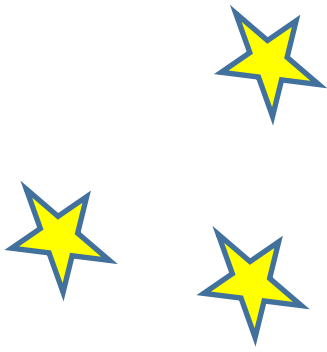
Registration with PAYMENT (payable to BSS Athletics) must be received by January 30, 2018

Name of School	Competition Level (circle) JV VARSITY \$5per \$10per athlete
School Address (& city, state, zip)	
School Phone	School Fax
Head Coach Name & Phone	Assistant Coach Name & Phone
Email	Email
Athletic Director Name, Phone, Email	

<u>PARTICIPANT NAME</u>	<u>Age</u>	<u>Grade</u>	<u>Registration Fee (\$5/\$10)</u>	<u>Event T-shirt (\$10) spcfy size</u>

TOTAL REGISTRATION FEE = \$ _____

TOTAL REGISTRATION FEE = \$ _____



MEDICAL WAIVER FORM

Blessed Sacrament School
515 Hillcrest Avenue, Burlington NC 27215
Phone: (336) 570-0019
Fax: (336) 570-9623

****Completely fill out ONE form PER PARTICIPANT****

I, the undersigned parent/guardian, do hereby grant permission for the participant listed below to attend and participate in the Winter Cheer Classic event. I understand that by attending and participating in this event, there is a possibility of physical illness or injury to her/him. I hereby waive, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against the sponsors/venue of the event or other associated representatives for any and all damages which she/he may sustain or suffer while attending and participating in the Winter Cheer Classic event. Furthermore, I authorize the directors to act for me according to their judgment, in any emergency requiring medical attention. I understand and will be responsible for any and all illness or injury they may sustain during the event. I also understand that my daughter/son must be covered under a health insurance policy while attending the Winter Cheer Classic event. Also, I hereby give permission for my child to be photographed, videotaped and/or audiotaped to be used in print or broadcast media as deemed appropriate for promotion of any activity and for publicity surrounding participation in this event. I have read the above statement and agree in full to its content & hereby acknowledge that the information below is true and correct. I certify that I have medical insurance on my child that will provide coverage while she/he participates in the Winter Cheer Classic event.

Team/School Name	
Coach(es) Name(s)	
Name of Participate (PRINT)	
Age/ Birthdate MM/DD/YY	
Insurance Company Name & Policy Number	
Signature of Parent/Legal Guardian	
Date	