



2018 CHEER REGISTRATION FORM

1. Complete one Registration Form *per* Club or School. Please send with payment by on time deadline: 12/22/17.
2. Please note our **EARLY PRICING SPECIAL is due 11/22/17.**
3. Please complete a separate Team Roster for each Team/Individual/Ensemble competing.
4. A signed and completed Liability & Medical Release is required for each participant.
5. It is important for scheduling that you indicate all crossovers and conflicts.
6. Payment Method: Cash, Check, or Credit Card. Payment must accompany registration. Credit card payments include a service fee. Payments made the week of event must be cash or credit card & are subject to \$50 late fee.
7. Questions can be directed to VC Coordinator Rachel Kanengieter at vc2018@dakotaspirt.com.
8. Mail all forms to: Dakota Spirit Valentine's Classic - 3910 W 59th St - Sioux Falls, SD 57108. For your convenience, all registrations can be emailed to vc2018@dakotaspirt.com. Payment may be mailed separate for emailed/paperless registrations.

Organization/School Name: _____ E-mail Address: _____

Contact Person/Director: _____ Address _____

City/State/Zip _____ Phone Number: _____

Years in attendance _____ Hotel Property (if applicable): _____

<u>ENTRY TYPE</u> <u>(Put quantity on line</u> <u>and complete roster)</u>	<u>Ck</u> <u>One</u>	<u># of</u> <u>Teams</u>	<u>EARLY PRICING</u> <u>AMOUNT/ENTRY</u> <u>Prior to 11/22/17</u>	<u>ON TIME PRICING</u> <u>AMOUNT/ENTRY</u> <u>Due by 12/22/17</u>	<u>TOTAL</u>
Club Cheer (all ages/levels)			\$250 per team	\$275 per team	
School Cheer Middle School, JV, Varsity			\$200 per team	\$250 per team	
Open/Collegiate Cheer Team			\$100 per team	\$125 per team	
Open/Collegiate Exhibition			No Charge	No Charge	
All Star Prep			\$250 per team	\$275 per team	
Exhibition Routine			\$100 per routine	\$125 per routine	
Small Group Cheer or Stunt Group (2-5 per group)			\$75 per team	\$100 per routine	
Individual Events			\$50 per event/\$35 2-3 events.	\$50 per event	

Total due: _____ Payment Method: Check # and amount _____ Cash _____

Credit Card #: _____ Exp. Date: _____ 3 Digit Code: _____ Amount: _____

Zip Code: _____ (Fee is 3.5% of total charge)

Scheduling Conflicts: _____

Mail all forms/payment: Dakota Spirit Valentine's Classic - 3910 W 59th St - Sioux Falls, SD 57108
Email Forms: VC2018@dakotaspirt.com and mail payment to address above.

*The schedule will be emailed approximately 2 weeks prior to event. Schedule Requests MUST be made with your registration. Changes can be made up to two weeks prior to event. Final schedule will be posted week of event. No changes/additions allowed after posting.



Cheer Team Roster

Complete and return with Registration form for each team

Team Name _____
 Coach _____
 Phone # _____

Division Code _____
 Coach _____
 Phone # _____

	Participant Name	Age - (On or before 8/31/17)	Cross Overs (Y/N)	Cross Over to What Team	Level
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
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26					
27					
28					
29					
30					
31					
32					

Questions should be directed to VC Coordinator Rachel Kanengieter at vc2018@dakotaspirit.com



Individual Participant Roster

Team Name: _____ Coach Name: _____

Individual Events - Jump Star, Tumble Star, Cheer Star, Dance Star
(please ck appropriate box)

<u>Individual Participants</u>	<u>Division</u>	<u>Age</u> <small>As of 8/31/17</small>	<u>Birth</u> <u>Date</u>	<u>Jump</u> <u>Star</u>	<u>Tumble</u> <u>Star</u>	<u>Cheer</u> <u>Star</u>	<u>Dance</u> <u>Star</u>

Performance Requirements:

Cheer Star - maximum time is one minute (must include running & standing tumbling, jumps, cheer and dance)

Jump Star – minimum of four jumps, not to exceed ½ minute.

Tumble Star - combination of standing and running tumbling, not to exceed 1 minute.

Small Cheer Ensemble -routines are limited to 2 minutes with 2-5 performers.

Stunt groups –routines are limited to 1 minute with no more than 5 performers.

Overtime Penalty – there is a penalty for going over the time limit. 5 second grace period.

Small Cheer Ensemble or Stunt Group

<u>Participant's Name</u>	<u>Age</u>	<u>Birth</u> <u>Date</u>



VALENTINE'S CLASSIC LIABILITY and MEDICAL RELEASE FORM

PARTICIPANT NAME: _____ TEAM NAME: _____

Medical History - Circle One

Heart condition/disease	Yes	No
Diabetes	Yes	No
Epilepsy/seizure disorder	Yes	No
Contact Lenses	Yes	No
Asthma	Yes	No

Allergies (clarify): _____

Additional Med. Info: _____

Insurance Company: _____ Policy Number: _____

Special Instructions: _____

Emergency Contact & Phone: _____

In consideration of participating in the Valentine's Classic, I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Valentine's Classic, its Dakota Spirit respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I grant permission to Dakota Spirit Cheer Parents to use photographs taken of me at the Valentine's Classic Competition. I hereby waive any right to inspect or approve the unfinished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to use of the photograph.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed name of participant Date: _____

PARENTAL CONSENT

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

Printed name of Parent/or Legal Guardian Date: _____

Signature of Parent/or Legal Guardian



VC Important Information

- **NEW LOCATION:** Sanford Pentagon- 2210 W Pentagon PI, Sioux Falls, SD 57107
- ALL registration fees are non-refundable.
- Competition will not be cancelled due to weather.
- Free Admittance for coaches (2 per team)
- We will follow USASF Regulations & age divisions. All participants may be required to show proof of age.
- Time Limits: **Cheer Routines: 2:30**
- The schedule will be emailed approximately 2 weeks prior to event. Schedule Requests **MUST** be made with your registration. Final schedule will be posted week of event. No changes/additions allowed after posting.
- It is important that you inform us of any scheduling issues.
- For assistance contact our VC Coordinator Rachel Kanengieter at vc2018@dakotaspirt.com or 605-381-7534.