



**DAKOTA FALL CHEER & DANCE CLASSIC
TEAM ENTRY FORM**



Saturday, October 11, 2008 • Huron Arena, Huron, SD
(One form per team)

School/Club Team Name: _____

Address: _____

City _____ ST _____ Zip _____

Team Advisor(s): _____

Phone: (H) _____ (W) _____ (M) _____

Email: _____ Fax: _____

CHEER: ✓ Indicate the division in which you wish to compete.

School: ___ Sanctioned ___ Non-Sanctioned: ___AA ___ A ___ B

Rec/Novice Club: ___ Mini ___ Pee wee ___ Youth ___ Junior ___ Senior

Intermediate/Advanced: ___ Mini ___ Pee wee ___ Youth ___ Junior ___ Senior

DANCE: Indicate the division(s) in which you wish to compete.

School: ___ Sanctioned ___ Non-Sanctioned **Division:** ___AA ___ A ___ B

Category: ___ Pom ___ Jazz ___ Kick ___ Hip Hop

Club: ___ Mini ___ Pee wee ___ Youth ___ Junior ___ Senior

Category: ___ Pom ___ Jazz ___ Hip Hop

Participants Name and Grade

1) _____ 11) _____ 21) _____

2) _____ 12) _____ 22) _____

3) _____ 13) _____ 23) _____

4) _____ 14) _____ 24) _____

5) _____ 15) _____ 25) _____

6) _____ 16) _____ 26) _____

7) _____ 17) _____ 27) _____

8) _____ 18) _____ 28) _____

9) _____ 19) _____ 29) _____

10) _____ 20) _____ 30) _____

FEES & DEADLINES: All fees non-refundable.

Prior to Sept. 19 postmark: \$60 per team per event. After Sept. 19, \$85 per team per event.

Total Registration Fee: _____

To the best of my knowledge, the above information is accurate. I fully understand that any incorrect information could lead to disqualification. _____

(Coach's signature)

Mail forms and fees to: Huron CVB, 15 4th Street SW, Huron, SD 57350



**DAKOTA FALL CHEER & DANCE CLASSIC
INDIVIDUAL ENTRY FORM**

Saturday, October 11, 2008 • Huron Arena, Huron, SD



Team Name: _____

Address: _____

City _____ ST _____ Zip _____

Team Advisor(s): _____

Phone: (H) _____ (W) _____ (M) _____

Email: _____ Fax: _____

Cheer & Dance Performer Divisions: Mini, Peewee, Youth, Junior, and Senior

| Participant | Grade | Cheer | Dance | Division |
|-------------|-------|-------|-------|----------|
| 1) _____ | _____ | _____ | _____ | _____ |
| 2) _____ | _____ | _____ | _____ | _____ |
| 3) _____ | _____ | _____ | _____ | _____ |
| 4) _____ | _____ | _____ | _____ | _____ |
| 5) _____ | _____ | _____ | _____ | _____ |
| 6) _____ | _____ | _____ | _____ | _____ |
| 7) _____ | _____ | _____ | _____ | _____ |
| 8) _____ | _____ | _____ | _____ | _____ |
| 9) _____ | _____ | _____ | _____ | _____ |
| 10) _____ | _____ | _____ | _____ | _____ |

FEES & DEADLINES: All fees non-refundable. \$15 per person per event (prior to Sept. 19). After Sept. 19, \$25 per person per event

Total Registration Fee: _____

To the best of my knowledge, the above information is accurate. I fully understand that any incorrect information could lead to disqualification.

_____ (Coach's signature)

Mail forms and fees to: Huron CVB, 15 4th Street SW, Huron, SD 57350

**DAKOTA FALL CHEER & DANCE CLASSIC
Medical Release & Waiver 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: _____

Emergency Contact: _____ Phone: _____

In consideration of participating in the Dakota Fall Cheer & Dance 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 Dakota Fall Cheer & Dance Classic, its 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 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 HAVE 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 Releasees 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