

2010 MCCA State Cheerleading Competition

REGISTRATION FORM

Mail the following no later than **DECEMBER 19, 2009:**

- One registration form for EACH team or school.
- Team Roster and Proof of School Affiliation with Administrators Signature
- ONE check Per Team – No Multiple Checks Accepted!
- Participant Waivers are complete online via the 1 Form

Mail To: MCCA State Competition, PO BOX 211277, Eagan, MN 55121

NOTE: A Late Fee of \$5 per team participant will be due if registration is postmarked after December 19th 2009.

REGISTRATION WILL NOT BE ACCEPTED IF POSTMARKED AFTER JANUARY 8th, 2010.

PLEASE PRINT CLEARLY AND FILL OUT COMPLETELY

School Name: _____

School Phone: _____

MCCA Member Coach Name: _____

MCCA Member Coach Home Phone: _____

MCCA Member Coach Email: _____

PUT AN "X" BY YOUR DIVISION SELECTION:

(Please mark only one division)

Divisions Based on School Size

Division I (1300+ Students, grades 9 - 12)

- _____ **Small Varsity** (12 or less team members)
- _____ **Medium Varsity** (13-16 team members)
- _____ **Large Varsity** (17-20 team members)
- _____ **Super Large Varsity** (21- 30 team members)

Division II (1- 1299 students, grades 9- 12)

- _____ **Small Varsity** (12 or less team members)
- _____ **Medium Varsity** (13-16 team members)
- _____ **Large Varsity** (17-20 team members)
- _____ **Super Large Varsity** (21- 30 team members)

Divisions Not Based on School Size (one category)

- _____ **Elementary** (School Team)
- _____ **Middle School/Junior High** (School Team)
- _____ **High School Junior Varsity**
- _____ **High School Co-Ed** (4 or more Males)
- _____ **Novice High School Varsity** (Restricted Routine)
- _____ **Novice High School Junior Varsity** (Restricted Routine)
- _____ **Non-Building** (School Team)

NOTE: Similar divisions will be combined when less than 2 teams are entered in any specific division. This applies both to divisions based on school size and not based on school size.

NUMBER OF TEAM MEMBERS _____ @ \$25.00/each = \$ _____

NUMBER OF ALTERNATES _____ @ \$15.00/each = \$ _____

NUMBER OF NON-MEMBER COACHES _____ @ \$10.00/each = \$ _____

NUMBER OF PARENT CHAPERONES _____ @ \$10.00/each = \$ _____

(Elementary and Middle School Divisions Only, 1parent for every 6 participants)

LATE FEE _____ @ \$5/team member = \$ _____

TOTAL AMOUNT DUE: _____

2010 MCCA State Cheerleading Competition

TEAM ROSTER

Submit ONE Roster for each team you are bringing
Please list all coaches and team members attending, including alternates.

Team Name: _____

Coach: _____

Coach: _____

Coach: _____

Coach: _____

Coach: _____

Team Members: Name and Grade for School Teams

	<u>Name</u>	<u>Grade</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____
17.	_____	_____
18.	_____	_____
19.	_____	_____
20.	_____	_____
21.	_____	_____
22.	_____	_____
23.	_____	_____
24.	_____	_____
25.	_____	_____
26.	_____	_____
27.	_____	_____
28.	_____	_____
29.	_____	_____
30.	_____	_____

Proof of School Affiliation

This cheerleading team represents

School Name

I confirm all students listed on this roster are enrolled in this school and are eligible under MSHSL rules to participate in extracurricular activities. I approve the team's participation in the MCCA State Cheerleading Competition, which is following the rules of UCA. In addition, our school has confirmed all listed students have personal medical coverage and the team is covered by a liability/catastrophic injury insurance policy of our school

Signature of Principal or Athletic Director Required:

Name Date

Title: _____

Telephone Number: _____