



2019 Registration Form

○ Maryland – Event Center at UMBC, Baltimore, MD – January 6, 2019

809 Pinnacle Dr, Suite D, Linthicum, MD 21090 . (410)609-2500 . info@cheerforcharity.net

How to Register

1. Complete the following per team
 - Registration Form
 - Team Member List
 - Team Waiver Form
2. Mail, fax or email ALL forms with payment to: (Make check payable to CDE)

Cheer for Charity
 809 Pinnacle Dr, Suite D
 Linthicum, MD 21090

Fax: 410-609-1210

Email: info@cheerforcharity.net

Registration Policies

- All teams must be **PAID IN FULL** PRIOR to practicing and performing at all events. **NO EXCEPTIONS.**
- All registration must be received with **FULL PAYMENT** on or prior to the registration deadlines in order to receive appropriate deadline pricing. The postmark / date stamp of the registration and payment will determine pricing of each team.
- Personal checks and per participant payments will not be accepted.
- Checks returned for any reason will be charged a \$30 returned check fee in addition to the principle amount. Thereafter payment will only be accepted in the form of credit card, cash, money order or certified bank check.
- All payments received less than 15 days prior to the event will only be accepted in the form of a credit card, cash, money order or certified bank check. School or business checks will **NOT** be accepted after this time frame.
- Teams with incomplete registration forms or with outstanding balances may not appear on the itinerary.
- All division changes must be made in writing prior to 5PM EST on the Tuesday before the event. A \$50 fee is charged thereafter.

Division	Event Pricing Maryland		
	Early	On Time	Late
Postmark Deadline	11/6/2018	12/6/2018	12/26/2018
Cheer or Dance Team	\$200.00	\$300.00	\$400.00
Crossover	included	included	included
Exhibition Team	\$200.00	\$300.00	\$400.00
Parent (per competitor)	\$17.00	\$17.00	\$17.00
Special Athletes	FREE	FREE	FREE

Registration Information

Team/Organization Information	Contact Person Information
Program Name:	Contact First/Last Name:
City/State (to be announced):	Contact Mailing Address:
Daytime Phone #:	Contact City/State/Zip:
Cell Phone #:	Contact Email Address:
Fax #	Second Email Address:

#	Team Name How it should appear on schedule	Division Age Group	Level or Dance Category	# of Males	# of Full Participants	# of Crossovers	Total # on Competition Floor
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

CROSSOVER INFORMATION – Cheer for Charity will try our best to accommodate crossovers. We need the following information to make that happen! If you do not make us aware, then we cannot assist you.

Team Division/Level	# of crossovers to ->	Team Division/Level
Team: Level:		Team: Level:
Team: Level:		Team: Level:
Team: Level:		Team: Level:
Team: Level:		Team: Level:
Team: Level:		Team: Level:
Team: Level:		Team: Level:
Team: Level:		Team: Level:

Payment Calculator		
Maryland (January 6, 2019)		
# of Teams:	X	\$
# of Coaches: 2 free per team	X 2 per team	INCLUDED
# of additional Coaches	X \$17.00	\$
Total Due	=	\$



2019 Team Member List

Program Name _____
 Team Name _____ Division _____
 Coach 1 Name _____
 Coach 2 Name _____

Please create a team roster list for each team registered. List all athletes that will be competing in the division listed above. Any athlete not listed on the Team Member List will not be allowed to compete. Please indicate the division name for any participant competing as a crossover and mark the appropriate box. Names will be checked in warm up.

	Participant Name	Date of Birth (mm/dd/yy)	Grade	Age (as of 8/31/2018)	Gender (M/F)	Crossover (mark if applicable)	Division crossing over to
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
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20							
21							
22							
23							
24							
25							

I confirm that all of the above information is accurate and that all participants listed on this Team Member List are listed in the correct division. Proof must be made available on request. Signature must be provided to complete the Team List.

Coach Name _____ Date _____

NOTE: An all-star cheerleader is limited to crossing over to two (2) additional teams from their gym per competition. Therefore, an athlete may compete on one team and crossover to two or more teams from the same gym during the competition. Please also note that the athletes who perform a routine must remain the same from start to finish and MAY NOT be replaced by another athlete at any time during the performance. *For all International Divisions (Levels 5&6), the eligible age for the athletes will be determined by the "calendar year of the competition" (Dec. 31 of the same year that the competition occurs) for its age cutoff date.



Team Waiver Form 2019

Completely fill out one Team Waiver Form per entry as follows:

1. List each team member on the Waiver Form (If more than 20 athletes, duplicate form as necessary)
2. Fill out each line completely including all signatures and information. Participants who are 18 years of age or older will put their name under participant and then can sign as the Parent/Guardian. This form will not be accepted without signatures.
3. Team Waiver Forms must be received 2 WEEKS prior to the event. Mail, Fax or Email the Team Waiver Form to: Cheer For Charity ATTN: Registration, 809 Pinnacle Drive, Suite D. Linthicum, MD 21090 – (410)609-1210 – info@cheerforcharity.net

I, the undersigned, hereby state that I am the parent with the legal custody or guardianship of the participant listed above and that I give permission for him/her to attend and/or participate in any event directed by C4C. I understand that there is a risk that the Participant may incur or suffer illness, personal injury or other damages while attending and/or participating in such events. In consideration of the Participant being permitted to attend and/or participate in any event directed by C4C, I on behalf of myself and the participant, waive, release, and forever discharge any and all rights and claims for damages that may arise now or in the future against C4C sponsors and facilities in which any event directed by C4C is held ("Released Parties"), including Released Parties' owners, officers, directors, employees, agents, representatives, and assigns, for any personal injury, illness or damages that the Participant or I may occur or suffer as a result of Participant's attendance or participation in any activity directed by C4C.----- I acknowledge that I will be responsible for paying for any medical treatment that the Participant may receive as a result of injuries or illness suffered during his/her attendance and/or participation in any event directed by C4C. Should the Participant be injured or ill during his/her attendance and/or participation in any event directed by C4C and I am not immediately available, I authorize C4C to seek emergency medical attention for the Participant. ---- I authorize C4C to take, record, use, broadcast or publish photographs, videotape, audiotape of the Participant in any media and for any lawful purposes whatsoever, including promotion or publicity of any event activity directed by C4C. I waive any right the Participant or I may have to approve or disapprove the finished product and/or use of such materials and to receive any royalties, profits or proceeds from such materials or finished product.

TEAM NAME:		DIVISION:			CITY/STATE:	
Name of participant	Gender (M/F)	Age	Birth date (MM/DD/YY)	Signature of Parent/Legal Guardian	Date signed	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Coach Signature _____ Print Name _____ Date _____



CREDIT CARD AUTHORIZATION FORM

Organization/Team Name _____

Billing/Mailing Address of Card/Cardholder _____

City/State/Zip _____

Phone Number _____

Card Holders Name (as it appears on card) _____

Credit Card Number _____

Expiration _____ Security Code _____

Type of Card _____

Authorization

I, _____ (please print cardholder's name), authorize Cheer for Charity to charge my _____ Visa _____ MasterCard _____ American Express _____ Discover

Amount Due \$ _____ + (3% Fee) \$ _____ = Total Charge to Card \$ _____

I am authorizing Cheer for Charity to charge the above amount to the credit account listed. By signing this form, I agree that I am authorized to make charges to the above listed account. Furthermore, I have read and agree to the cancellation policies of Cheer for Charity and **am aware of the 3% service/convenience charge that will be applied to the credit card transaction amount.**

AUTHORIZED SIGNATURE

DATE

PRINTED NAME OF AUTHORIZING PERSON

Some cards will only allow a certain dollar amount or have a "daily cap" on the amount able to be charged. Please make any such notes below. (i.e. if the amount is \$500.00 it may need to be split up into 2 transactions of \$250.00 + \$250.00). Please note – you will **not** be cleared for registration until the entire amount is paid.