



NKCCA November 4, 2017 Competition
Special Needs Cheer or Dance Team Registration Form
Complete Form for Each Team Performing
Registration due 9/30/17

Name of Organization _____

Contact Name (all competition info will be mailed to this name & address) _____

Phone # _____ Email _____

Address: _____

City _____ State _____ Zip _____

List All Coaches Names

1. _____ 2. _____

3. _____ 4. _____

Additional Coaches: _____

Name of Team _____

Category (circle one): Cheer or Dance

No Fee for Special Needs participants – the only requirement is to HAVE FUN!!!!

Submit a Waiver & Release form for each participant

Release forms can be mailed by 10/15/17

or brought to the venue by the coach at check-in

Email – nkcca92@gmail.com or Mail registration & roster by 9/30/17 to:

NKCCA 839 Crocus Lane Taylor Mill, KY 41015

Roster

Name of Organization or Gym: _____

Contact Name (i.e. Team Mom/ Head Coach) _____

Name of Team: _____

Individual Team Members:

	Name	Age/Grade
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____
17.	_____	_____
18.	_____	_____
19.	_____	_____
20.	_____	_____

I am entering my team in the NKCCA Competition and to my knowledge, all information provided in this registration is correct and we agree to the following: to submit a Release Form for each participant & to abide by all National Federation Spirit Rules. Please duplicate this form if you have more than 20 participants on a team.

Coach's Signature: _____ **Date:** _____