



**NKCCA October 26, 2019 Competition**  
**Special Needs Cheer or Dance Team Registration Form**  
Complete Form for Each Team Performing  
Registration due 10/18/19

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 emailed to by 10/18/19

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

Email by 10/18/2018– [nkcca92@gmail.com](mailto:nkcca92@gmail.com) or Mail registration & roster by 10/4/19 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:**

	<b>Name</b>	<b>Age/Grade</b>
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:** \_\_\_\_\_