



**AGREEMENT OF COMPLIANCE**

**Original forms, not copies, must be brought the day of or mailed to:**

Team Spirit Championship Series  
 C/O The Team Spirit Shop, Inc.  
 144 South Broadway Street  
 Georgetown, KY 40324

This agreement must be **read and signed by each participant** and their parent or legal guardian, on your team in order for him/her to compete at a Team Spirit Championship Series/The Team Spirit Shop, Inc. event for the 2018-2019 school year. This must be returned to The Team Spirit Shop no later than one week prior to the competition you are entering. Remember, no squad member will be allowed to perform without this form! No exceptions!

I, \_\_\_\_\_, understand that by performing/participating in a Team Spirit Championship Series/The Team Spirit Shop, Inc. event I am in compliance with all safety guidelines mandated for this competition. The safety guidelines are general in nature and are not intended to cover all circumstances. All dance executions, including leaps, kicks, spins, etc... and cheerleading gymnastics, including tumbling, partner stunts, pyramids and jumps should be carefully reviewed and supervised by a qualified adult advisor or coach. Dance and Cheerleading jumps, gymnastics and stunts may involve height and inversion of the body and there is an inherent risk of injury involved with any athletic activity. While the use of these guidelines in coordination with The Team Spirit Shop, Inc. and the Team Spirit Championship Series; the Bluegrass Sports Commission, the National Federation of State High School Associations (NFSH), for schools and youth leagues; and the United States All Star Federation (USASF), for All Stars, will help minimize the risk of injury, the NFSH and USASF makes no warranties or representations; either expressed or implied that the above guidelines will prevent injuries to individual participants. For more information, visit [www.nfhs.org](http://www.nfhs.org) and [www.usaf.net](http://www.usaf.net). I also understand that any violation of this agreement, on my part, may result in disqualification of the entire squad(s).

\_\_\_\_\_  
 Cheerleader/Dancer Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Team Name

\_\_\_\_\_  
 Participants E-mail Address (Please Print)

**MEDICAL TREATMENT, LIABILITY RELEASE AND APPEARANCE AGREEMENT**

STUDENT'S NAME (Please Print): \_\_\_\_\_

TEAM REPRESENTED: \_\_\_\_\_

I understand that by taking part in a Team Spirit Championship Series event there is a possibility of injury or sickness to my daughter/son. I hereby grant permission to hospital staff members to administer treatment to my child should he/she be injured or become ill. I also agree to hold harmless Team Spirit Championship Series/The Team Spirit Shop, Inc. for any injury incurred as a result of my child's participation in the competition. In addition, I also agree to hold harmless their directors, officers, officials, and/or all staff members from any and all liability for **ANY** claim whatsoever. I give the right and permission to film, photograph, or videotape my child for any reproduction associated or in any way connected with said television or filmed event or for use in any other form of advertisement for Team Spirit Championship Series/The Team Spirit Shop, Inc.

PARENT'S SIGNATURE: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

NAME OF INSURANCE HOLDER/NAME ON CARD: \_\_\_\_\_

INSURANCE CARRIER: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

INSURANCE CARRIER ADDRESS: \_\_\_\_\_

INSURANCE CARRIER PHONE: \_\_\_\_\_

MEDICAL ALLERGIES KNOWN: \_\_\_\_\_