

The 2007 MIDDLE SCHOOL STATE CHEER AND DANCE CLASSIC

Agreement of Compliance

Advisor: 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 the Middle School State Cheer and Dance Classic. This must be returned to Team Spirit of Lexington no later than Saturday, January 6, 2007. Remember, no squad member will be allowed to perform without this form! No exceptions!

I understand that I may perform/participate in the Middle School State Cheer and Dance Classic. In addition, I am in compliance with all safety guidelines mandated for this competition. I also understand that any violation of this agreement, on my part, may result in disqualification of the entire squad(s).

Cheerleader/Dancer Signature Participants E-mail Address (Please Print)

School Name Date

Medical Treatment, Liability Release and Appearance Agreement

STUDENT'S NAME:

(Please Print)

SCHOOL REPRESENTED:

I understand that by taking part in the Middle School State Cheer and Dance Classic, there is a possibility of injury or sickness to my daughter/son. I so 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 the Middle School State Cheer and Dance Classic, Team Spirit of Lexington, Tates Creek Elementary, Tates Creek Middle School, Tates Creek High School and Fayette County Board of Education 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. In particular, for use in any form of advertisement for the Middle School State Cheer and Dance Classic and Team Spirit of Lexington.

PARENT'S SIGNATURE: _____

PARENT'S NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____ E-MAIL ADDRESS: _____

EMERGENCY CONTACT: _____ PHONE NUMBER: _____

INSURANCE CARRIER: _____

INSURANCE CARRIER ADDRESS: _____

INSURANCE CARRIER PHONE: _____

MEDICAL ALLERGIES KNOWN: _____

Please check one:

First Division of Competition: Cheer and Dance Teams

T-shirt sizes for your daughter/son: YS____ YM____ YL____ AS____ AM____ AL____ AXL____

Second Division: Individual Competition Cheer/Dance and Stunt Groups Divisions

T-shirt has been accounted for on first division liability form.