

M.A.C. MEMBERSHIP REGISTRATION FORM



To ensure that all further correspondence is mailed to the correct location, ALL AREAS OF THIS FORM MUST BE COMPLETED IN FULL. All new and returning teams must return this form with payment to be registered for the 2016-2017 year.

SCHOOL / CLUB INFORMATION	
SCHOOL / CLUB NAME (please print)	
ADDRESS*	
CITY	POSTAL CODE
PHONE NUMBER	FAX NUMBER
PRINCIPAL / CLUB PRESIDENT (please print)	
SCHOOL EMPLOYEE / PRINCIPAL'S DESIGNATE (schools only)	

CONTACT / COACH INFORMATION	
CONTACT / COACH NAME (please print)	
ADDRESS	
CITY	POSTAL CODE
PHONE NUMBER	FAX NUMBER
EMAIL	
COACH'S CERT. DATE	FIRST AID TYPE & EXPIRY DATE

*Correspondence will be sent to the school / club address and all information and forms are available at www.cheermanitoba.ca

REGISTRATION TYPE: (check only one)

NEW MEMBER

RETURNING MEMBER

DIVISION(S):

You may have two teams per division. Please fill out a separate roster for each membership registration form submitted.

ALL TEAM MEMBERS MUST HAVE PERSONAL INSURANCE AND HAVE SIGNED A PARTICIPANT WAIVER FORM TO BE ALLOWED TO PARTICIPATE IN ANY M.A.C. SANCTIONED EVENT.

REGISTRATION FEES:

REGULAR REGISTRATION \$75.00
Due by 10:00 pm, Sunday, October 16, 2016 (or late fee applies)

TOTAL PAYMENT ENCLOSED \$ _____

SCHOOL TEAMS	
Refer to the 2016-2017 School Age Grid and indicate which division your team intends to compete in during the 2016-2017 season:	
<input type="checkbox"/>	<input type="radio"/> FEMALE
<input type="checkbox"/> ELEMENTARY	<input type="radio"/> MALE
<input type="checkbox"/> JUNIOR HIGH	<input type="radio"/> CO-ED
<input type="checkbox"/> HIGH SCHOOL	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/> SPECIAL NEEDS	
LEVEL: _____	

OPEN TEAMS	
Refer to the 2016-2017 USASF Age Grid and indicate which division your team intends to compete in during the 2015-2016 season:	
<input type="checkbox"/> TINY	<input type="radio"/> FEMALE
<input type="checkbox"/> MINI	<input type="radio"/> MALE
<input type="checkbox"/> YOUTH	<input type="radio"/> CO-ED
<input type="checkbox"/> JUNIOR	
<input type="checkbox"/> SENIOR	
<input type="checkbox"/> INTERNATIONAL	
<input type="checkbox"/> SPECIAL NEEDS	
LEVEL: _____	

(Indicate which level you expect to compete at this year. Level changes may be made throughout the year. **Level 3.2 and 4.2 are offered.**)

Please mail this form, along with team roster(s), ALL participant waiver forms, and payment* to:

**M.A.C. Office
283 Berry St.
Winnipeg, MB R3J 1N3**

NOTES

- ALL REGISTERED SCHOOLS / CLUBS WILL RECEIVE ONE COPY OF THE COMPETITION RULES AND REGULATIONS. ADDITIONAL COPIES AS WELL AS THE M.A.C. RULES & REGULATIONS ARE AVAILABLE FOR DOWNLOAD FROM THE M.A.C. WEBSITE AT www.cheermanitoba.ca
- ALL WAIVER FORMS AND ROSTERS MUST BE SUBMITTED IN ORDER TO BE PROPERLY REGISTERED.
- ALL PARTICIPANTS MUST SUBMIT A PARTICIPANT REGISTRATION WAIVER FORM.
- A SCHOOL / CLUB EMPLOYEE OR PERSON DESIGNATED BY THE SCHOOL PRINCIPAL MUST BE NAMED AND WILL BE RESPONSIBLE FOR THE ACTIONS OF ALL TEAM MEMBERS.
- *PLEASE MAKE CHEQUES PAYABLE TO THE MANITOBA ASSOCIATION OF CHEERLEADING. CHEQUES FROM SCHOOLS / CLUBS ONLY. NO PERSONAL CHEQUES WILL BE ACCEPTED.



OFFICIAL TEAM ROSTER

List all team members below by name with their current grade. Coaches must fill out an Official Team Roster for EACH team entered in the competition and submit it with the team registration and fees by the deadline. ONLY four passes will be provided for coaches and school/club staff members. All teams must have verification for each member from the school they are enrolled in, verifying grade and registration. Please PRINT all information clearly and keep a copy for your records. Be sure to report all changes to M.A.C. prior to the competition.

TEAM & SCHOOL NAME: _____

HEAD COACH: _____ CONTACT PHONE: _____

EMAIL (required): _____

PLEASE PROVIDE COACH'S NAME AND EVENING CONTACT INFO (NOT ADVISOR)
M.A.C. often contacts coaches after hours, when schools are not open.

By submitting this form I verify that each member of the team has personal accident insurance & submitted a team waiver an insurance fee.

COACH'S SIGNATURE: _____

ATHLETE'S NAME:	GRADE:	ATHLETE'S NAME:	GRADE:
1. _____	_____	19. _____	_____
2. _____	_____	20. _____	_____
3. _____	_____	21. _____	_____
4. _____	_____	22. _____	_____
5. _____	_____	23. _____	_____
6. _____	_____	24. _____	_____
7. _____	_____	25. _____	_____
8. _____	_____	26. _____	_____
9. _____	_____	27. _____	_____
10. _____	_____	28. _____	_____
11. _____	_____	29. _____	_____
12. _____	_____	30. _____	_____
13. _____	_____	31. _____	_____
14. _____	_____	32. _____	_____
15. _____	_____	33. _____	_____
16. _____	_____	34. _____	_____
17. _____	_____	35. _____	_____
18. _____	_____	36. _____	_____

MANDATORY ATHLETE REGISTRATION & WAIVER FORM MUST be sent in for each athlete with the Competition Registration. If you have added participants make sure to send their waiver and insurance fee.

COACH(ES) & ADVISOR/ADMINISTRATOR NAMES: _____