

COMPETITION REGISTRATION FORM
 ICEBREAKER

**ALL INFORMATION ON THIS SHEET
MUST BE FILLED OUT CORRECTLY TO
BE ACCEPTED**

SCHOOL / PROGRAM (please print)

CONTACT PERSON (please print)

HOME PHONE (mandatory) FAX

EMAIL

HOME ADDRESS (please print)

CITY PROVINCE POSTAL CODE

ICEBREAKER COMPETITION REGISTRATION*:

Number of athletes attending: _____ x \$30.00* ea. = _____

Number of coaches/advisors attending: _____ x \$5.00 ea. = _____

(FIRST 2 free, additional coaches/advisors/admin: \$5.00)

NON-MEMBER TEAMS

Number of non-member athletes _____ x \$40.00* ea. = _____

Number of coaches/advisors attending: _____ x \$8.00 ea. = _____

(FIRST 2 free, additional coaches/advisors/admin: \$8.00)

TEAM ROSTER ATTACHED? YES (mandatory)

Ensure you have previously submitted an Athlete Registration & Waiver form for each team member and that you have provided a team roster.
* PLEASE FILL OUT REGISTRATION FORM FOR EACH TEAM.

** LATE FEE OF ADDITIONAL \$15.00 PER PARTICIPANT FOR REGISTRATIONS RECEIVED AFTER THE DEADLINE.

COMPETITION INFORMATION

ICEBREAKER | Saturday, December 9, 2017

Collège Sturgeon Heights Collegiate, 2665 Ness Ave.

- Spectators can enter at 10:00 a.m.
- Spectator Entry Fee of \$10.00. Family of 4 pack \$35.00.
- Cash canteen available.
- A short lunch break will be provided.
- Accurate and complete M.A.C. Membership Form, fees, Insurance Waivers, Competition Registration, Roster and payment must be received to be eligible to compete.
- **CHEERLEADERS ADMITTED AT 9:00 AM SHARP**

REGISTRATION INFORMATION

This competition is run by M.A.C. and ALL CHEQUES must be made payable to M.A.C. **A fee of an additional \$15.00 per participant will apply to late registrations.** Late registrations received the week of competition may be performance routines only - all fees still apply. For questions, please email the M.A.C. office at info@cheermanitoba.ca.

Send completed registration and payment to: M.A.C. Office | 283 Berry Street | Winnipeg, MB | R3J 1N3

REFUND/CANCELLATION POLICY | M.A.C. will retain 50% of fees if canceled prior to the deadline, and team will receive the balance as a credit to be used within the current cheerleading season. Cancellations received after the deadline will not be refunded.

REGISTRATION DEADLINE- 10PM, MONDAY, NOVEMBER 20, 2017

I _____, have read and understand all of the above procedures for all M.A.C. competitions.

SIGNATURE: _____



CATEGORY REGISTRATION: (Circle all that apply)

- CHEER ROUTINE STUNT GROUP PARTNER STUNT
 DANCE GROUND-BOUND TUMBLING POM ROUTINE
 MOTIONS SPECIAL NEEDS PARENT PARACHEER

ADDITIONAL DIVISION INFORMATION:

OPEN TEAMS

Refer to USASF/ISF Age Grid and indicate LEVEL choice & other relevant information in shaded area beside category.

MINI OR TINY

YOUTH/GR.1-6

JUNIOR/GR.6-9

SENIOR/GR.9-12

FEMALE

MALE

CO-ED

IO/IOC/COLLEGIATE

FEMALE

MALE

CO-ED

STUNT GROUP List names below. (List additional groups on the back).

NAMES Group 1	NAMES Group 2
1 -	1 -
2 -	2 -
3 -	3 -
4 -	4 -
5 -	5 -
GROUP LEVEL:	GROUP LEVEL:

PARTNER STUNT GROUP List names below, & on the back.

- 1- _____
2- _____

TUMBLING INDIVIDUAL DUO : List names below, & on the back.

- 1- _____
2- _____



OFFICIAL TEAM ROSTER

List all team members below by name with their current age/grade. Coaches must fill out an Official Team Roster for EACH team entered in the competition and submit it with Registration and fees by the deadline. A maximum of 4 passes will be provided for coaches/admin./staff members per team. Scholastic 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. Report any changes to M.A.C. prior to the competition.

TEAM & PROGRAM/SCHOOL NAME: _____

HEAD COACH: _____ CONTACT PHONE: _____

EMAIL (required): _____

PLEASE PROVIDE COACH'S NAME AND CONTACT NOT ADVISOR

By submitting this Form I verify that each member of the team has personal accident insurance covering all aspects of this event, or has Canadian health insurance and submitted a team Waiver and insurance fee.

COACH'S SIGNATURE: _____

ATHLETE'S NAME:	AGE/GRADE:	ATHLETE'S NAME:	AGE/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 received for each athlete, before or with the Competition Registration. If you have added participants make sure to send their Waiver and insurance fee.

COACH(ES) & ADVISOR/ADMINISTRATOR NAMES:

