

# Take One Challenge

February 21, 2009

Team Registration

to be held at

New Fairfield High School, 54 Gillotti Road, New Fairfield, Ct. 06812

School/Team Name:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Coach: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Cell #: \_\_\_\_\_ Team Colors: \_\_\_\_\_

**Division: \*Please note that divisions may be combined depending on the amount of entries\***

## Cheer Division

<u>Schools</u>	<u>(# Males)</u>	<u>(# Females)</u>	<u>All Stars</u>	<u>Level</u>
Middle School	_____	_____	Tiny Level	1
Junior Varsity	_____	_____	Mini Level	1 2 3 4 5
Varsity Novice	_____	_____	Youth Level	1 2 3 4 5
Varsity	_____	_____	Junior Level	1 2 3 4 5
				College _____
			Open	5 6

Parent Team \_\_\_\_\_

## Dance Division

<u>Schools</u>	<u>(# Males)</u>	<u>(# Females)</u>	<u>All Stars</u>	<u>Level</u>
High School	_____	_____	Youth (11 & under)	Hip Hop Jazz
College	_____	_____	Junior (14 & under)	Hip Hop Jazz
			Senior (18 & under)	Hip Hop Jazz
			College	Hip Hop Jazz

Stunt Group: Please circle: MS HS College All Star: \_\_\_\_\_ Level

School fees \$100 per team..... Stunt group \$30 per team.....All Star fees \$125.00 per team  
Registration due by January, 20<sup>th</sup> (ALL ENTRY FEES ARE NON-REFUNDABLE)

Team **MUST** register by mail with a **Check , Money order or Credit card** to reserve space.

Please make checks payable to: **Take One Cheerleading**

Send reply to: Take One Cheerleading

P.O. Box 4065

Danbury, CT 06813

# Take One Challenge 2009

School/Gym Name: \_\_\_\_\_

Division: \_\_\_\_\_ Level: \_\_\_\_\_

**Please list all Cheerleaders (PRINT CLEARLY)**

1	_____	21	_____
2	_____	22	_____
3	_____	23	_____
4	_____	24	_____
5	_____	25	_____
6	_____	26	_____
7	_____	27	_____
8	_____	28	_____
9	_____	29	_____
10	_____	30	_____
11	_____	31	_____
12	_____	32	_____
13	_____	33	_____
14	_____	34	_____
15	_____	35	_____
16	_____	36	_____
17	_____	37	_____
18	_____	38	_____
19	_____	39	_____
20	_____	40	_____

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## Medical Treatment and Liability Release Form

to be held at  
New Fairfield High School, 54 Gillotti Road, New Fairfield, CT 06812

I, the undersigned, being parent, legal next to kin, or legal guardian of: \_\_\_\_\_ (Participant name) on \_\_\_\_\_ (squad/team name) do hereby grant my permission for him/her to participate in **Take One Challenge** to be held at New Fairfield High School on 2/23/08.

I do hereby accept the responsibility for any injury he/she may receive while participating in any activity pertaining to the above stated competition. In order that my son/daughter may receive the necessary medical treatment in the event of any injury or illness. I hereby authorize Take One staff to obtain medical treatment for my son/daughter for such injury or illness during their participation at the above competition.

I further acknowledge, understand, and agree that in participating in this event, there is the possibility of physical risk of illness or injury (minimal, serious or catastrophic) by his/her participation and I assume all risks and hazards incident to the conduct of the participation in this event. Further, I hereby release, absolve and hold harmless the competition director, Take One Cheerleading Academy, LLC, the host facility, all competition hosts and sponsors, all tournament, facility, sponsor and host personnel, and their supervisors from any and all claims or rights in action arising out of, caused by or incident to the above named cheerleader participating in the above named competition, and I specifically indemnify each, all or any of them against any or all claims or rights in action asserted against them in the future by, or on the behalf of the above named participant.

I also understand that the decisions of the judges are left to their discretion and I will not further question their judgment.

Doctor's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

Company: \_\_\_\_\_

Group #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Parent Signature: \_\_\_\_\_