



Competition Name: _____

DCCA Qualifier Registration

Team Name/Organization Name: _____

Division: _____

Level: _____

Team Colors: _____

Mascot: _____

Coach(es): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell Phone:(_____) _____ Work Phone:(_____) _____

Email Address: _____

Team Roster

PLEASE LIST EACH CHEERLEADER'S INFORMATION IN ALPHABETICAL ORDER.

(Please note the total number of Males: _____ total number of Females: _____)

Name:	Grade/Age	Name:	Grade/Age
1. _____		16. _____	
2. _____		17. _____	
3. _____		18. _____	
4. _____		19. _____	
5. _____		20. _____	
6. _____		21. _____	
7. _____		22. _____	
8. _____		23. _____	
9. _____		24. _____	
10. _____		25. _____	
11. _____		26. _____	
12. _____		27. _____	
13. _____		28. _____	
14. _____		29. _____	
15. _____		30. _____	

My signature on this page indicates that I fully understand the nature of the competition being offered, may involve certain risks to my squad members. In light of this I do hereby fully release and discharge DCCA and the DCCA Host/Sponsor's coaching staff and volunteers from any liability for damages occurring as a result of any accident or injury which may occur while participating in this event.

Signature of Coach: _____

Date: _____

Signature of Administrator: _____

Date: _____