



Registration Form

Bash Spirit

PHONE: 877-7BASH55

4095 State Road 7

Suite L #145

FAX: 877-756-9783

Lake Worth, FL 33467

Email: info@bashspirit.net

Please send in signed acknowledgement of rules with registration.

Complete all pages of the registration form and return with full payment at least 15 days prior to the event date. If space is available late registration will be accepted with late fees. Make copies of all pages and keep a copy of the completed form for your records. This form must be filled out completely; all incomplete forms will be returned.

BASH Spirit Grand National

April 18, 2020

Nova University

Organization Name

Contact's Name (person to whom all information will be emailed)

Organizations Address

Contact's Address

City State Zip

City State Zip

Organization Phone Organization Fax

Contact's Phone

Organization website address

Contact's Fax Contacts Cell Phone

Organization Email Address

Contact's Email Address

POLICIES:

- Performance order will be based on first to register last to compete basis
- Inclement Weather: Please refer to Bash Spirit's Inclement Weather policy that can be found in Rules & Regulations.
- Changes: All changes must be made in writing ONE WEEK prior to the competition date.
- Refunds: No refunds will be given. In addition, all registration fees are non-transferrable.

I have completed the all items listed in the Registration Checklist and I have read, understand and agree to the "Cancellation & Refunds Policy".

Sponsors/Coach's Signature DATE

BASH Spirit Grand Nationals

April 18, 2020

On Time Registration Fees On or Before March 15, 2020	LATE registration fees After March 15, 2020
# of Competitors <input style="width: 50px; height: 25px;" type="text"/> x 55 = \$ _____	# of Competitors <input style="width: 50px; height: 25px;" type="text"/> x 75 = \$ _____
# of Cross Competitors <input style="width: 50px; height: 25px;" type="text"/> x 25 = \$ _____	# of Cross Competitors <input style="width: 50px; height: 25px;" type="text"/> x 40 = \$ _____
# of Solo./Duo/Trio & Ensemble Competitors <input style="width: 50px; height: 25px;" type="text"/> x 65 = \$ _____	# of Solo./Duo/Trio & Ensemble Competitors <input style="width: 50px; height: 25px;" type="text"/> x 75 = \$ _____
# of Partner Stunt Couples <input style="width: 50px; height: 25px;" type="text"/> x 65 = \$ _____	# of Partner Stunt Couples <input style="width: 50px; height: 25px;" type="text"/> x 75 = \$ _____
# of Stunt Groups <input style="width: 50px; height: 25px;" type="text"/> X 120 = \$ _____	# of Stunt Groups <input style="width: 50px; height: 25px;" type="text"/> X 145 = \$ _____
# of Parent Competitors _____ X 45 = \$ _____	# of Parent Competitors _____ X 50 = \$ _____
<p>BASH SPECIAL: Register with full payment before February 1, 2020 & each registered athlete Will receive a competition T-shirt</p>	<p style="text-align: right;">Total Payment Due \$ _____</p>
<p>Total Payment Due: \$ _____</p>	

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Performance Information – REQUIRED!

Performance Name(as if will be announced)	Division	Age soloists	# of females	# of males	# of Coaches
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

ATTENTION COACHES/ SPONSORS

- It is your responsibility to ensure we receive your registration forms and payment, **on-time**. We encourage you to send these items using a traceable parcel service with guaranteed delivery dates.
- If space is available, late registrations mailed may be accepted with full payment made by credit card or money order only. Late registration payments made at event must be in form of CASH/ MONEY ORDER.
- Please use the on-time registration fees section if your registration form and full payment will be received in Bash Spirit office at least (15) days prior to you chosen date.
- Please use the Late Registration fees section if your registration form and full payment will not be received in Bash Spirit office within (15) days prior to chosen date or registration at the event.
- (2)free coaches are allowed for the 1st 2 teams of an organization. All additional coaches must purchase a ticket at the door.
- If you have any questions whatsoever, please call the office at 877-7BASH55 or email info@bashspirit.net



LIABILITY and MEDICAL RELEASE 2019-2020
 The "Team Roster Form" and all participants "Liability and Medical Releases" are to be turned in the day of the event at your scheduled registration time.

Minor's Name: _____ Date of Birth: __/__/____ Grade: _____
 Parent/Legal Guardian Name: _____ Daytime Phone: _____
 Address: _____ Evening Phone: _____
 Email Address: _____
 Team/School Name: _____ Team/School Coach: _____
 Division: _____ Event Date: _____
 Event Name: _____ Hosting Site: _____
 Emergency Contact: _____ Relationship: _____
 Emergency Contact Phone: _____
 Medical Insurance Co.: _____
 Group and Policy Number: _____
 Medications (if any): _____ Allergies (if any): _____
 I acknowledge that the Minor suffers from the following conditions: _____

Liability Release

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I _____, as parent or legal guardian of _____, a minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in the above Event to be conducted by BASH SPIRIT CHEER & DANCE, INC. d/b/a BASH SPIRIT I, in my own behalf and on behalf of Minor, further agree to release and to hold harmless BASH SPIRIT, the Hosting Site, on whose premises the Event will occur (hereinafter the "Hosting Site") the affiliates of BASH SPIRIT and the Hosting Site, American Association of Cheerleading Coaching and Administrators, Inc., a not for profit corporation ("AACCA"), and National Federation of State High School Associations ("NFHS") and the respective directors, officers, representatives, members, agents and employees of BASH SPIRIT, the Hosting Site and their respective affiliates (hereinafter collectively "Releasees") from any and all liability whether caused by the negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Event, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that Minor may incur or sustain during the Event, all activities associated with the Event and while traveling to and from the site for the Event whether or not the Event actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other persons on the account of damages of any character resulting to Minor, in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss or costs Releasees may have to pay as a result of any such action, claim, or demand.

I, in my own behalf and on behalf of Minor, hereby warrant I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minor, am aware this Liability Release releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of Minor, further acknowledge nothing in this Liability Release constitutes a guarantee the Event will occur. I, in my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will.

(By signing this form, I am acknowledging that a current copy of the above referenced insurance card & birth certificate is on file with Minor's Team/School)

Parent or Legal Guardian Signature: _____

Date: _____

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Medical Release

I, in my own behalf and on behalf of Minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/ or death) and that I, in my own behalf and on behalf of Minor, acknowledge Minor is assuming the risk of such illness or injury by participating in the Event. In the event of such illness or injury, I authorize BASH SPIRIT to obtain necessary medical treatment of Minor and hereby, in my own behalf and on behalf of Minor, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of Minor for any illness or injury that Minor may sustain during the Event and while traveling to and from the site for the Event.

Parent or Legal Guardian Signature: _____

Date: _____

Appearance Agreement

I understand that BASH SPIRIT from time to time produces promotional material relating to its programs. I understand that as a participant and/ or a spectator at the Event that Minor may be included in videotapes or photographs taken during the Event. Therefore, without reservation or limitations, I, in my own behalf and on behalf of Minor, hereby assign, transfer and grant to BASH SPIRIT, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape Minor and to utilize such videotapes and photographs and Minor's name, face likeness, voice and appearance as a part of the Event, in advertising and promoting the Event or in advertising and promoting similar future events. I further understand that neither BASH SPIRIT nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges.

Parent or Legal Guardian Signature: _____

Date: _____

Event Policies

I, in my own behalf and on behalf of Minor, am aware that the Event will proceed as scheduled, regardless of local weather conditions of the Hosting Site. I shall be responsible for checking the weather forecasts for the locale of the Hosting Site.

I, in my own behalf and on behalf of Minor, am aware that the Event schedule is pre-determined, and that I am responsible for Minor's punctual attendance to the Event, and that no provision or exception with regard to the pre-determined schedule in the case of a late arrival.

Additionally, I, in my own behalf and on behalf of Minor, understand that no refunds or credits will be given by BASH SPIRIT CHEER & DANCE, INC. D/B/A BASH SPIRIT as it Minor's tardiness to the Event, regardless of the reason.

I, in my own behalf and on behalf of Minor, am aware that Minor is prohibited from wearing any body jewelry, including any piercing or spacers during all warm-ups and performances during the Event.

A Chaperone/Adult (age 21 and over) is required to attend with participants. This Chaperone will be responsible for the participants at all times. BASH SPIRIT, AACCA and NHFS are not responsible for participants' supervision I, in my own behalf and on behalf of Minor, am aware that all the terms contained in this Liability Release and Waiver Form are governed by the laws of the state of Florida. In the event of any dispute arising from this Liability Release and Waiver Form, the exclusive forum, venue, and place of jurisdiction will be Palm Beach County, Florida, unless otherwise required by law. If any provision of this Agreement is unenforceable by law, the unenforceable provision will be severed and the remaining provisions will still be enforceable.

Parent or Legal Guardian Signature: _____ Date: _____

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Spotter Liability 2019-2020

Bash Spirit Cheer & Dance, Inc. policy is to not provide spotters for their events. We believe that assigned spotters would not be familiar with routines and participants techniques, causing a possible safety issue. Bash Spirit Cheer & Dance, Inc. does allow each organization to decide if they wish to provide their own spotters at their competitions. Chosen spotters cannot aid in the routine or touch stunts. Their responsibility is to catch a flyer should a fall occur. Spotters are to remain off the floor when participants are not stunting.

Requirements:

Spotters must be employed and insured by gym or school.

Spotters must be qualified and trained by their gym or school.

Spotters must be familiar with the team routine.

Spotters must show proof of medical insurance.

Spotters may not wear body jewelry or spacers during spotting.

Spotters must complete release form and medical waiver.

____I have chosen NOT to have any spotters for my team. By checking here I assume all responsibility for the safety of all team members participating in the routine.

____I am choosing to have spotters for my teams and understand that they are not to assist in the performance in any manner. Any interference with the routine will result in a (10) point penalty per occurrence.

Signing below means that you fully understand the "Spotter Liability Form" and that you are in agreement with the decision that you have made.

Program Name: _____

Applicable Team: _____ Division: _____

Signature: _____ Printed Name: _____

Title: _____ Date: _____

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Credit Card Application Form

Please send this form with the completed registration forms. One credit card authorization form can be made for all participants in the organization. If using a credit card not in the business name or individual, a copy of card and identification must be submitted with CCAF.

Business/Individual Name: _____

Event Attending: _____

Please select type of Credit Card:

Visa MasterCard

Credit Card # _____ Expiration Date: _____

CVV Code _____ Amount to Be Charged: _____

Cardholder's Name: _____

Credit Card Billing Address: _____

By signing below, I am agreeing to pay the above total amount in accordance with the card issuer agreement.

Cardholder's Signature: _____

Date Signed: _____

Code of Conduct 2019 -2020

In an effort to provide a positive, safe and professional competition; BASH SPIRIT CHEER & DANCE, INC d/b/a Bash Spirit has implemented a Code of Conduct for all of their events. This code of conduct is to be followed by all Coaches, competitors, family, friends or anyone else associated with the below stated program.

As the head of the _____ organization, I, _____

Agree to the following guidelines.

RULES/REGULATIONS/SPORTSMANSHIP

1. I have read, understand and will abide by all AABP Rules and Regulations, including the inclement weather policy.
2. I understand that competitive cheerleading or dance is an activity that presents the possibility of injury. As a coach who understands these risks, my athletes have received proper training.
3. I understand all risk and will always place more emphasis on the safety of my athletes than on competitiveness.
4. I will follow all AABP Rules and Regulations. I understand that any violation of these rules and regulations could result in a penalty point deduction or disqualification.
5. I will abide by the age/grade requirements for all divisions that my teams are competing in. I understand that, upon request, I will be required to provide age verification (birth certificate or passport) any time a violation is reported. Falsifying age and or/grade verification will result in disqualification from competition.
6. I will accept all judges' decisions as final and not question the integrity of said judges.
7. At all time, I will support the results of the competition as I am a role model for my program.
8. I will promote fairness and demonstrate appropriate sportsmanship through the competition, as well as require all persons affiliated with my program to conduct themselves with the same appropriate sportsmanship.

Signature: _____

Date: _____

**This form is to be turned in at the time of registration along with registration, spotter liability and payment.*

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