



"Australia's Premier International Cheer; Pom & Dance Competition"

DEFINITIVE REGISTRATION FORM

Team Name: _____

Contact Person (Team Manager): _____

Postal Address: _____

City State
Postcode

Contact Phone: _____

Contact Email: _____

Two Coaches' per team will be issued with a complimentary event accreditation (only for non competing coaches'). Proof of safety certification is required. Please tick the accreditation/safety certifications held by the Coach:

Name	INTL	USASF*	NCSSE*
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

One Team Official per team will be issued with a complimentary event accreditation.

Name	Position (e.g. Team Manager)
1.	
2.	
3.	
4.	
5.	

CHEER

Team Name	Division	Team Size (Small/Large)	Level
1.			
2.			
3.			
4.			
5.			

GROUP STUNT

Team Name	Division	Level
1.		
2.		
3.		
4.		
5.		

Partner/Individual/Duo Stunt

Participants Name		Division	Level
1.	2.		
1.	2.		
1.	2.		
3.	4.		
5.	6.		

Pom

Team Name	Division	Team Size
1.		
2.		
3.		
4.		
5.		

Dance

Team Name	Division	Age	Category
1.			
2.			



WAIVER OF LIABILITY/MEDICAL/PUBLIC
RELEASE FORM



Please copy and complete this form for every athlete participating in the
2009 Downunder Spirit Championships.

Club/School/Program Name: _____ State: _____

Participants Name: _____

I hereby acknowledge that the above named participant has insurance coverage and that I accept the financial responsibility for any care and/or treatment the participant should need in case of emergency during the 2009 Downunder Spirit Championships. I agree not to hold ADU, or any of its assigned representatives or agents, responsible for care and/or treatment needed in case of an injury to the participant.

In the event of injury, accident or illness to the participant, ADU officials or representatives are to contact the designated adult below.

I hereby give my permission for the above named participant to be photographed, videotaped and/or audio taped during any activity in connection with the 2009 Downunder Spirit Championships. I further grant permission for such photographs, videotapes and/or audiotapes to be used in print/broadcast media or materials as deemed appropriate for the promotion of ADU activities and for publicity surrounding participation in ADU events.

2009 Downunder Spirit Championships

In Case of Emergency

Participant to Complete

Contact

Name: _____

Name _____

Club/School/Program Name: _____

Relationship to Participant: _____

Home Address: _____

Home Address: _____

Home Ph: _____

Home Ph: _____

Mobile Ph: _____

Insurance Company: _____

Business Ph: _____

Doctors Name: _____

Policy #: _____

Doctors Ph: _____

Signature _____

Date _____

Note: a parent or legal guardian must sign this form if participants are under the age of 18.

All original signed forms should be returned to the coach/person responsible for team's paperwork.

**Please calculate your Event Entry expenses:
 Early Bird Saturday May 16th 2009
 On time registration Friday May 22nd 2009**

Event Entry Expenses	Number	Cost	Total
Participant early bird registration - Cheer/Pom		\$75.00	
Participant on time registration - Cheer/Pom		\$85.00	
Individual/Duo		\$35.00	
Partner Stunt (Group price)		\$65.00	
Group Stunt (Team price)		\$120.00	
Crossovers (competing on two teams cannot be same division)		\$30.00	
Dance early bird registration		\$25.00	
Dance on time registration		\$35.00	
Total			

Please calculate your Workshop expenses:

	Number	Cost	Total
Cheerleading – Coaches Workshop (includes NCSSE Certification and Athletes Workshop)		\$75.00	
Cheerleading – Coaches Practical Skill Workshop (includes Athletes Workshop)		\$45.00	
Cheerleading – Athletes Workshop		\$95.00	
Total			

Please calculate your Celebration Party expenses:

	Number	Cost	Total
PJ Celebration Party		\$15.00	
Total			

Please enter the total amounts here:

Item	Total	Item Total	
Event Entries		Event Entries	
Workshop		Workshop	
Club Downunder		Club Downunder	
Total		Total	
Less Deposit		Less Deposit	
Balance		Balance	



Please return Definitive Registration Forms with final payment to:

ADU
PO Box 1016
Oxenford QLD 4210
Fax: (+61 7) 5580 5310

Payment Options

Direct Deposit Payments

Account Name: Aussie Downunder Pty Ltd
BSB: 633 000
Account #: 1366 24335
Reference: Team Name

Cheque /Money Order

Send to PO Box 1016, Oxenford, QLD, 4210 with completed registration forms.
Please make cheques payable to Aussie Downunder Pty Ltd.

PAYMENT BY CREDIT CARD

An amount of \$ _____ will be debited against the following credit card, being payment of _____ for the Downunder Spirit Championships.

Card Number : ———

Type of Card :Mastercard/ VISA Card Name : _____

Expiration Date : / CVC Number :

I authorise the above amount plus a transaction charge of 2.12% if paying by Visa / Mastercard to be charged to the above credit card, by Aussie Downunder Pty Ltd.

Signature : _____