

Illinois Cheerleading Coaches Association All-State Cheerleading Application

Participant Info

Participant Name Printed _____	Date _____	Participant Name Signature _____	Date _____
Participant Address _____		Participant City, State, Zip _____	
E-Mail Address _____		High School _____	
Home # _____	Cell # _____	Work # _____	
Shoe Size _____	T-Shirt Size _____	Shorts Size _____	
College you plan to attend _____			
Intended major/minor _____			
Will you cheer in college? (This has no bearing on your selection to the team.) _____			
Parent/Legal Guardian Name _____			
Home # _____	Cell # _____	Work # _____	

Coach Info

Coach's Name Printed _____	Date _____	Coach's Name Signature _____	Date _____
Home # _____	Cell # _____	Work # _____	
E-Mail Address _____			

Instructions

Info must be postmarked by Fri., Jan. 7, 2011. Incomplete/Incorrect info or video format and those not postmarked by the deadline will NOT be considered. The team is notified by Mon., Jan. 31 and is asked to attend the ICCA Championships on Feb. 12, 2011 to be announced. DO NOT apply for the team if you're not able to attend the IBCA All-Star Game Weekend on June 24-25, 2011.

Checklist

- _____ Application _____ Essay _____ Coach's Recommendation (sealed/on school letterhead)
- _____ Video (vhs/cd/dvd only) *Will NOT be returned.* _____ Release Waiver/Safety Form
- _____ Individual Photo (wallet size, headshot only, no color copies, color or b&w is fine) *Will NOT be returned.*

Essay Instructions

A simple paragraph is acceptable. Choose one of the following topics: Why you should be selected to the All-State Team; Why you want to cheer in college; or What you have contributed to your team.

Video Instructions

Applicant must be in uniform. Others must be in practice clothing. All skills must be performed on a gym floor. Follow this order: cheer (no stunts), dance (five 8 counts, no stunts), jumps (toe touch, double toe, pike, hurdler), tumbling (standing backhandspring, roundoff backhandspring, optional additional passes), stunts (extension, liberty, two additional stunts...you may be the base, flyer or back but not front spot).

Release Waiver/Safety Form

I grant permission necessary to allow my son/daughter to participate in all activities sponsored by ICCA. I understand and agree that such participation subjects my son/daughter to the possibility of physical illness/injury (minimal, serious, catastrophic and/or death) and that I assume the risk of such illness or injury by participation in the program. In the event of illness/injury, I authorize ICCA to obtain medical treatment for my son/daughter but realize that ICCA is not required to provide medical care. I further release and hold harmless the ICCA and all of their representatives from any and all claims including attorney's fees that may arise in the future in connection with the program. I acknowledge and understand that I will be responsible for all medical and related bills that may be incurred that my son/daughter may sustain during the program and while traveling to/from sites of the program.

I understand that ICCA may produce promotional material related to the program, and that as a participant, photos may be taken during the program and may be used in promoting similar future events. I give full consent and release to the use of all video/photo material without remuneration.

I have read this release in its entirety and fully understand its contents. I have signed this document voluntarily and of my own free will on behalf of my son/daughter.

Parent/Guardian Info

Parent/Guardian Name Printed Date

Parent/Guardian Name Signature Date

Participant Info

Participant Name Printed Date

Participant Name Signature Date

Witness Info

Witness Name Printed Date

Witness Name Signature Date

Medical Information

Doctor's Name

Doctor's Phone #

List any medical conditions that we should be aware of: _____

List any existing injuries that we should be aware of: _____

List any allergic reactions: _____

List current medications: _____

Insurance Information

All participants must have some type of health insurance to participate.

Insurance Co. _____

Insurance Co. Phone # _____ Policy Number _____

***Mail to: Kelly Aylesworth * 1991-300th St. - Mt. Pulaski, IL 62548-6019
217.737.4883 cell 217.674.3476 home * kelcheerz@yahoo.com***