

# ICCA All-State Cheerleading Team Application

## Participant Info

Participant Name Printed \_\_\_\_\_ Date \_\_\_\_\_ Participant Name Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant Address \_\_\_\_\_ Participant City/State/Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

E-mail Address \_\_\_\_\_

School \_\_\_\_\_

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.) \_\_\_\_\_

## Coach's Information

Coach's Name Printed \_\_\_\_\_ Date \_\_\_\_\_ Coach's Name Signature \_\_\_\_\_ Date \_\_\_\_\_

Coach's Address \_\_\_\_\_ Coach's City/State/Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

## Instructions

All information must be postmarked and sent to Kelly Aylesworth by Saturday, December 12, 2009. Incomplete information, unacceptable video format or those not postmarked by the deadline will NOT be considered. Please direct all questions to Kelly Aylesworth. The team will be notified by January 30, 2010 and are asked to attend, if at all possible, the ICCA Championships on February 13-14, 2010 to be formally introduced to the public. DO NOT apply for the all-state team if you are not able to attend the IBCA All-Star weekend on June 25-26, 2010.

## Checklist

- \_\_\_\_\_ Application
- \_\_\_\_\_ Participant essay
- \_\_\_\_\_ Coach's recommendation sealed and on school letterhead
- \_\_\_\_\_ Cheer skills video (vhs/cd/dvd ONLY) \*Will NOT be returned.\*
- \_\_\_\_\_ Individual Photo (wallet or 3x5 size, headshot only, no color copies, please) \*Will NOT be returned.\*
- \_\_\_\_\_ Release waiver & safety form

## Essay Instructions

Do not exceed one page. 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 continue cheering in college
- What you've contributed to your high school team

## Video Instructions

Applicant must be in uniform. Others in stunt groups must be in practice clothing. All skills are to be shown on a gym floor NOT a mat and in the following order.

Video must include:

- Cheer-You may incorporate tumbling/jumps but NO stunts.
- Dance-Show at least five 8-counts which may include tumbling/jumps but NO stunts.
- Jumps-Demonstrate a toe touch, double toe, pike and hurdler.
- Tumbling-Show a standing Backhandspring and roundoff backhandspring-minimum! Any additional passes or standing skills are welcome. ALL TUMBLING SKILLS MUST BE PERFORMED ON A GYM SURFACE. NO TUMBLING DONE ON A MAT WILL BE CONSIDERED.
- Stunts-Extension and Liberty-minimum! Please demonstrate two additional stunts. Full twist dismounts are highly encouraged. You may be the flyer, base or back, but no front spots please. ALL STUNTING SKILLS MUST BE PERFORMED ON A GYM SURFACE. NO STUNTS DONE ON A MAT WILL BE CONSIDERED.

**Kelly Aylesworth**  
**1991-300<sup>th</sup> St. - Mt. Pulaski, IL 62548-6019**  
**217.674.3476 home – 217.737.4883 cell**  
**[kelcheerz@yahoo.com](mailto:kelcheerz@yahoo.com)**

# ICCA All-State Cheerleader Release Waiver & Safety Form

I, \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_ grant the permission necessary to allow my son/daughter to participate in all activities sponsored by the Illinois Cheerleading Coaches Association (ICCA) All-State Program. 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 or injury, I authorize the ICCA representative to obtain necessary medical treatment for my son/daughter but realize the Illinois Cheerleading Coaches Association 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 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 and from sites of the program.

I understand that the ICCA may produce promotional material related to the program. I understand that as a participant, photographs 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/photographic material without remuneration.

I have read this release form 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/Legal Guardian Printed*      *Date*      *Parent/Legal Guardian Signature*      *Date*

\_\_\_\_\_  
*Parent/Legal Guardian Address*      *Parent/Legal Guardian City/State/Zip*

*Home Phone #* \_\_\_\_\_ *Cell #* \_\_\_\_\_ *Work #* \_\_\_\_\_

## Participant Info

\_\_\_\_\_  
*Participant Name Printed*      *Date*      *Participant Name Signature*      *Date*

\_\_\_\_\_  
*Participant Address*      *Participant City/State/Zip*

*Home Phone #* \_\_\_\_\_ *Cell #* \_\_\_\_\_ *Work #* \_\_\_\_\_

## Witness/Emergency Info

\_\_\_\_\_  
*Witness Name Printed*      *Date*      *Witness Name Signature*      *Date*

\_\_\_\_\_  
*Witness Address*      *Witness City/State/Zip*

*Home Phone #* \_\_\_\_\_ *Cell #* \_\_\_\_\_ *Work #* \_\_\_\_\_

## Medical Information

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

Doctor's Phone # \_\_\_\_\_

*Circle One*

Heart Condition/Disease	yes	no
Diabetes Mellitus	yes	no
Seizure Disorder	yes	no
Asthma	yes	no
Allergy to Medications	yes	no
Allergy to Insect Stings	yes	no

List Allergic Reactions \_\_\_\_\_

List Any Other Helpful Medical Info \_\_\_\_\_

List Current Medications \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_

Optional: Attach copy of current physical (within last calendar year).

## Insurance Information

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

Insurance Company \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

Insurance Company City/State/Zip \_\_\_\_\_

Insurance Company Phone # \_\_\_\_\_

Policy Number \_\_\_\_\_