

# Cheer Fever

## March 4, 2018

### Cape Girardeau SportsPlex

2526 Jim Drury Way

Gym/School Name \_\_\_\_\_ Owner/Supervisor \_\_\_\_\_

Gym Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Coach(s) \_\_\_\_\_

#### Team Information

Team Name	Age division	Level	Total on Team	Primary Team	Crossovers

#### Individual Information

Individual/Group Names	Group Size	Age Division

#### Fee Schedule

**Team:**

Early Bird Registration received by December 4, 2017, \$40 per athlete (paid by January 4, 2018)

On-time Registration received by January 4, 2018, \$45 per athlete (paid by February 4, 2018)

Late registration received after February 4, 2018, \$50 per athlete

(All payments made with a credit/debt card will incur a 4% fee for the total registration amount. Any registrations not paid in full by the "paid by" date will incur the next level fee.)

**Crossover:** \$20

**Individual:**

\$35 for individual \$100 for a Stunt Group

**Exhibition Team:**

\$200 per Team

**Division Switch Fee:** \$100

Late registrations must be received by February 20, 2018. Any late registration payments made the day of the event must be made with a credit/debt card and will incur a processing fee of 5%.

**\*\*\*\*Attach a team roster of each team with the cheerleaders name and date of birth.\*\*\*\***

**Cheer Fever Waiver Disclaimer**

I acknowledge and represent that I have collected and have on file a liability waiver (signed by their legal parent/guardian) for each participant that I am registering to compete at the competition held by the Cheer Fever Booster Club. I have verified each waiver and each parent represents that their child is in satisfactory health to participate in the activities offered by Cheer Fever and are aware of the inherent risks associated with such activities. Each parent represents that they have health insurance coverage in effect while they compete at the Cheer Fever event. I hereby acknowledge that I am an authorized representative of the business/school listed below.

Program Name \_\_\_\_\_

Gym Owner/School representative (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Waiver and Cheerleader roster is required prior to your team(s) performing\*\***

Refund Policy

We will not cancel due to weather and no refunds will be issued. In the case of a medical injury of an athlete we will refund 100% with a medical excuse.

Total due

Total # Cheerleaders \_\_\_\_\_ x \$40, \$45 or \$50 = \$ \_\_\_\_\_

Total # Crossovers \_\_\_\_\_ x \$20 = \$ \_\_\_\_\_

Total # Individuals \_\_\_\_\_ x \$35 = \$ \_\_\_\_\_

Total # Stunt Group \_\_\_\_\_ x \$100 = \$ \_\_\_\_\_

Total # Special Needs \_\_\_\_\_ x \$0 = \$ \_\_\_\_\_

Exhibition Team \_\_\_\_\_ x \$200 = \$ \_\_\_\_\_

Total Due \$ \_\_\_\_\_

Please mail checks to: Athletes Plus Parents Booster Club, 1940 Golden Eagle Ct., Cape Girardeau, MO 63701