

Fredonia State Cheerleading & Dance Showcase

Sunday October 17, 2010

NO ENTRY FEE

Spectator Admission \$5



What is a Showcase? The Showcase will offer your team up to a 4 minute time slot to “warm up” for the rest of the season. Showcase what you have! Coaches can be on the floor with your team. Routines can be stopped and restarted. We will have a 9 panel 42’x52’ competition floor for all teams. Warm up area will be provided. Get your team in front of a crowd!

Location: The event will be located in-Steele Hall field house SUNY Fredonia.

To Register: Please E-mail or send team registration by October 11, 2010 to:

Katie Pucci-Schaefer

Dods Hall

SUNY Fredonia

Fredonia, NY 14063

fsu cheer@hotmail.com

Schedule: A tentative performance schedule will be e-mailed to the coaches of participating teams
Tuesday October 12, 2010

As an added bonus: Each team that you register for the Showcase will receive \$25 off of their
teams Fredonia State Cheerleading and Dance Competition registration to be held Sunday January 23,
2011.

~~\$125~~ \$100 Registration Fee

~~\$100~~ \$75 for each additional Team

Registration packages for the Fredonia State Cheerleading and Dance competition
will be available September 13, 2010

Fredonia State Cheerleading & Dance Showcase Entry Form

School Name/Organization _____

Advisor/Coach: _____

Advisor/Coach Home Address: _____

City, State, and Zip: _____

Office Phone: () _____ Home Phone: () _____

Email: _____

Team Name and Level _____

Team Name and Level _____

Team Name and Level _____

Team Name and Level _____

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MEDICAL LIABILITY & RELEASE FORM

(Coaches/Advisors: Please distribute to each participant and return at the Registration Table on the day of the Event.)

I, the undersigned parent/guardian, do hereby grant permission for my child to participate in the Blue Devil Classics Fredonia State High School Cheerleading Competition. I understand that by taking part in this event there is a possibility of injury or illness to my child. I hereby grant permission to a licensed hospital staff to administer immediate treatment to my child should he/she be injured. Further, I understand that I am responsible for payment of expenses incurred relating to my child's medical treatment. I also agree to hold harmless the State University of New York College at Fredonia (including their directors, staff, cheerleading program and employees) for any illness or injury incurred as a result of my child's participation in this event.

Child's Name: _____

School/Team: _____

Parent/Guardian Signature: _____ Date: _____

Phone #: _____

Insurance Carrier: _____

Policy Number: _____

Allergies and/or Chronic Illnesses: _____
