

**BRAVO ALL-STARS CHEER & DANCE  
CLASSIC INVITATIONAL CHAMPIONSHIP**

Sunday, April 7, 2019  
Woburn High School  
92-98 Montvale Ave.  
Woburn, Ma. 01801

**GENERAL INFORMATION**

- ★ The performance mat is a 54x42 SPRING FLOOR. There will be an additional warm-up area for stretching, routine warm-up and a spring floor strip to warm-up your team tumbling.
- ★ This will be a morning competition. Both cheerleaders and spectators arrive at the same entrance. Cheerleaders will be asked to go into the cafeteria. All coaches must register their teams before entrance in the downstairs lobby. (2) Coaches are allowed free with team any coach after that is \$5.00
- ★ Price of admission will be \$15 for all spectators. Children under 5 are free.
- ★ There will be a concession stand in the main lobby.
- ★ We will be offering event t-shirts and other cheerleading related items.
- ★ There is plenty of parking, please be aware of the tow zones and handicap spaces. Please follow all school parking rules or be subject to towing.
- ★ REGISTRATION FORMS are due by **March 24, 2019**, so we can insure an on-time performance order. Please note that all registration fees are non-refundable.
- ★ There will be a \$50.00 fee per team for any changes made to your division. No division changes will be accepted after **March 24, 2019**.. Once the divisions are posted, there will be NO division changes.
- ★ Per team price is \$200 per team.
- ★ We will have a trainer/EMT on duty, but we will not provide tape.
- ★ **We will trophy 100% of the teams.**
- ★ All cheerleaders must be in full uniform to avoid entrance fee.
- ★ Teams must be a “1/2 year team” in order to compete in the All-Star Rec or Prep division. 2:00 minute routine limit.
- ★ All teams must submit a signed release/waiver form in order to compete



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Sunday, April 9, 2019  
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**Crossover Form**

Name of Organization \_\_\_\_\_

Contact Person \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Crossovers are allowed but not from full year to half year teams. Please list all cheerleaders who will be crossing over to ensure that we give ample time in between performances. Our final performance order will be emailed to coaches one week prior to event.

**All registrations must be in by March 24, 2019.**

NAME OF CHEERLEADER	TEAMS CHEERLEADER IS PERFORMING ON
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
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17	
18	
19	
20	

(2) Free coaches per team are allowed-Coaches Names \_\_\_\_\_

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**MEDICAL RELEASE-Team Waiver Form**

Team Name: \_\_\_\_\_ Division \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I, the undersigned, hereby state that I am the parent with legal custody or guardianship of the Participant listed below and that I give permission for him/her to attend and/or participate in this event directed by Bravo All-Stars. I understand that there is a risk that the Participant may occur or suffer illness, personal injury or other damages while attending and/or participating in such events. In consideration of the Participant being permitted to attend and/or participate in this event directed by Bravo All-Stars, I on behalf of myself and the Participant, waive, release, and forever discharge any and all rights and claims for damages that may arise now or in the future against Bravo All-Stars facilities, employees, agents, and for any personal injury, illness, or damages that the Participant or I may occur or suffer as a result of Participant's attendance or participation in this event directed by Bravo All-Stars.

I acknowledge that I will be responsible for paying for any medical treatment that the Participant may receive as a result of injuries or illness suffered during his/her attendance and/or participation in this event directed by Bravo All-Stars. Should the Participant be injured or become ill during his/her attendance and /or participation in this event directed by Bravo All-Stars, and I am not immediately available, I authorize Bravo All-Stars to seek emergency medical attention for the Participant.

Name of Participant	Birthdate	Insurance Co. Policy #	Parents signature
1.			
2.			
3.			
4.			
5.			
6.			
7.			
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16.			
17.			
18.			
19.			
20.			

If you have more than 20 members on this team, please duplicate this form as necessary.

Coach's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

