

# South Portland Youth Cheering Fire Invitational

## Saturday March 17, 2012

South Portland Youth Cheering is proud to be hosting their first annual Fire Invitational for all Youth, Recreational, and Middle School/Junior High teams at South Portland High School on March 17, 2012!

Please mail the forms listed below along with your registration fee to:

South Portland Youth Cheering  
C/O Tracy Bissonnette  
1 Romano Road  
South Portland, ME 04106

- 1) Registration Form/Team Roster
- 2) Medical Release and Proof of Liability Insurance
- 3) Registration Fee
  - \* \$60 per team / \$35 for MYCCA member teams
  - \* Checks made Payable to S.P.Y.C.
  - \* Registration fee is non-refundable and your team will not be registered until the registration fee and all paperwork is received.

A complete Invitational Packet will be emailed to all registrants prior to the competition date. Please provide an accurate email on the registration form to receive this information

For more information or questions, please contact  
Tracy Bissonnette

332-7749

[tracy.bissonnette@gmail.com](mailto:tracy.bissonnette@gmail.com)



## **MEDICAL RELEASE FORM & LIABILITY WAIVER**

***Please also attach a copy of you organization or schools Liability Insurance***

Every Coach/Director must read, complete and sign this release form. The completed Medical Release Form & Liability Waiver must be received with the Registration Form/ Team Roster and the Registration Fee in order to participate in the Fire Invitational.

Organization/School: \_\_\_\_\_  
Team Name: \_\_\_\_\_

\* I, \_\_\_\_\_, understand I must be in compliance with all event rules and regulations in order to participate in the Fire Invitational. I understand any violation of this agreement may result in the disqualification or removal of the team or individuals involved with no refund. (Initial: \_\_\_\_\_)

\* I agree the information submitted on all registration forms is truthful and accurate to the best of my knowledge. (Initial: \_\_\_\_\_)

\* I understand by taking part in the Fire Invitational, there is a possibility of injury or sickness to my team members, my staff or myself (coach/director). I do hereby grant permission to a medical team, trainer or physician to administer immediate medical treatment to my team members, my staff or myself (coach/director) should she/he be in need of any such treatment. (Initial: \_\_\_\_\_)

\* I agree to have a copy of all medical information and insurance information for each member of my team and understand I am required to keep this information with the team throughout the event. (Initial: \_\_\_\_\_)

\* I agree to release and hold harmless the Poland Recreation Department, the Fire Invitational staff, and hosting site/event facility and all affiliates for any injury as a result of my team's participation in the Fire Invitational. (Initial: \_\_\_\_\_)

\* A copy of my organization / schools Liability Insurance has been provided if applicable. (Initial: \_\_\_\_\_)

Coach/Director Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The Medical Release Form & Liability Waiver must be completed and mailed to the host with the Registration Form / Team Roster and Registration Fee.  
No team will be permitted to participate without this information on file.