

# SCHOOL DANCE ELIGIBILITY ROSTER



## **USA Cheer Membership Requirement for School and Recreation Cheerleading and Dance Teams**

Varsity Spirit will require that all school and recreation coaches, choreographers and personnel wishing to access the warmup area, backstage or coaches' box have a USA Cheer Coach, Dance or Professional Membership, and must present proof of their membership along with valid photo ID at check-in to receive a wristband.

Event Roster (must be turned in prior to USA Coach / Professional Member verification)

All SCHOOL/REC Coaches, Choreographers, Professional members will need to present a photo ID and their USA Cheer Membership card (mobile phone photo or printed) to receive your USA Cheer wristband at registration/check-in. Coaches/Professional members must be listed on your event rosters to check-in. USA Coach / Professional Membership includes anyone; including choreographers that will accompany the team through warm-up and competition.

1. All teams are required to complete a Roster and must check in with the Registration Staff at the event.
2. All coaches that are accompanying a team into warm-up and competition must be listed on the roster with a valid USA Coach / Professional Membership.
3. Coaches listed on the roster must show their valid USA Coach/Professional member photo ID to receive a coach's wristband for the event.
4. The wristband must be worn for the duration of the event. Wristbands will not be shared or transferred for ANY REASON.
5. Recreational teams or other teams with under-age coaches should be listed on the roster as an alternate and will be given a spectator wristband.
6. Coaches who do not meet these requirements will not be allowed into any warm-up room.



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	PARTICIPANT NAME	AGE	GRADE	POM	JAZZ	HIP HOP	KICK	GAME DAY	TOTAL ROUTINES PER PARTICIPANT
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									

Please list EACH ALTERNATE participants competing with your organization. (Please PRINT or TYPE - make additional copies as needed.)

	PARTICIPANT NAME	AGE	GRADE	POM	JAZZ	HIP HOP	KICK	GAME DAY	TOTAL ROUTINES PER PARTICIPANT
EX.	SUSIE HERKIMER	16	10	X	X		X		
1									
2									
3									
4									
5									

Must be signed by School Principal or School District Office:

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Title \_\_\_\_\_ Email \_\_\_\_\_