



2011-2012 COA CHAMPIONSHIPS REGISTRATION FORM



HOW TO REGISTER

- Complete the following per team
 - ★ Registration Form
 - ★ Team Member List
 - ★ The JAM Waiver Form
- Mail or Fax ALL forms with payment to:

COA Events
Attn: Registration
11500 Champions Way
Louisville, KY 40299
Fax: 1.877.968.5261

DIVISION INFORMATION

Division Code

Division Name

(See "Divisions & Guidelines" to obtain Division Name and Code)

Check here for Small Gym

of Athletes in gym

(if information is left empty you will NOT be entered into small gym divisions)

REGISTRATION POLICIES

PAYMENT TERMS:

- All teams must be paid in full PRIOR to practicing and performing at all JAM Brands events – THERE WILL BE NO EXCEPTIONS.
 - All registration MUST BE RECEIVED WITH FULL PAYMENT on or prior to the registration deadlines in order to receive appropriate deadline pricing. All teams will pay the appropriate price according to the time in which they register.
 - PERSONAL CHECKS and PER PARTICIPANT PAYMENTS WILL NOT BE ACCEPTED AT ANY TIME.
 - Checks that are returned for any reason will be charged a \$30 returned check fee in addition to the principal amount. At that point, payment will only be accepted in the form of a credit card, cash, money order or certified check.
 - All payments received less than 30 days prior to the event WILL ONLY be accepted in the form of a credit card, cash, money order or certified check. Business checks will NOT be accepted after this time-frame.
 - FULL payment must be received 2 WEEKS PRIOR to the event in order for the team to be included in the drawing for the performance order. Registrations and payments received after this time will be placed first in their division.
 - All division changes must be made in writing prior to 5 pm EST on the Tuesday before the event (Premier Event deadline will be earlier – see event website for more details).
- For a full list of the 2011-2012 JAM Brands Registration Policies (including Refund/Transfer policies, definitions, etc) please visit:
<http://www.thejambrands.com/docs/112TheJAMBrandsRegistrationPolicies.pdf>

CONTACT INFORMATION

Team/Entry Name _____

Contact Name _____ Program Director/Owner Name _____

E-Mail Address (REQUIRED!) _____ Phone: Gym/Studio/School _____ Cell _____ Home _____

Organization Mailing Address _____ City/State/Zip _____

City/State To Be Announced From _____ The JAM Brands will add the contact information listed above to their mailing list unless otherwise notified.

WAIVER DISCLAIMER (FOR JAM REWARDS MEMBERS ONLY)

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 competitions, camps and clinics held by The JAM Brands, Inc or and/or its subsidiaries. I have verified each waiver and each parent represents that their child is in satisfactory health to participate in the activities (cheerleading, gymnastics, dance, etc.) offered by The JAM Brands and that they are aware of the inherent risks associated with such activities which can include paralysis and death. Each parent represents that they have health insurance coverage in effect while they compete at The JAM Brands competitions, camps and clinics. I will make available to The JAM Brands a copy(ies) of these waivers immediately if requested from time to time. I agree to keep the originals or an acceptable electronic copy of these forms until the athlete reaches the age of 18 or 7 years after they are no longer participants with this gym. I hereby acknowledge that I am an authorized representative of the business/school listed below.

Signed _____

Date _____ JAM Rewards Member ID* _____

*To become a JAM Rewards Member, just visit www.thejamrewards.com.



2011-2012 SEASON EVENT DATES

✓EVENTS	Event Date(s)	Early Deadline	On-Time Deadline
<input type="checkbox"/> West Coast Championship - Irvine, CA	3/17-18/12	1/17/12	2/16/12
<input type="checkbox"/> Mid-America Championship - Kansas City, MO	3/31/12 - 4/1/12	1/31/12	3/1/12

PRICING TOTALS

<input type="checkbox"/> Non-Crossover Participants	\$ _____ x _____ Athletes	\$ _____
<input type="checkbox"/> Crossover Participants	\$ _____ x _____ Athletes	\$ _____
<input type="checkbox"/> Collegiate Teams	FREE x _____ Athletes	
<input type="checkbox"/> Special Needs	FREE x _____ Athletes	
SUB-TOTAL		\$ _____
JAM Rewards Discount (_____ % X Sub-Total) –		\$ _____

ALL INCLUSIVE PRICING	EARLY	ON-TIME	FINAL
Teams (all fees are per person)			
Athletes	\$85	\$95	\$105
Crossovers	\$65	\$75	\$85
SPECIALTY PERFORMANCE PRICING	EARLY	ON-TIME	FINAL
All Fees Are Per Group			
Collegiate Teams	FREE	FREE	FREE
Special Needs	FREE	FREE	FREE

11500 CHAMPIONS WAY, LOUISVILLE, KY 40299 ★ 1.800.25.CHEER ★ FAX 1.877.968.5261 ★ WWW.COACHEERANDDANCE.COM

TOTAL DUE \$ _____