



# 2011-2012 COA CUPS REGISTRATION FORM



YOUR PARTNER IN SPIRIT

## 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](http://www.thejamrewards.com).



### 2011-2012 SEASON EVENT DATES

✓EVENTS	Event Date(s)	Early Deadline	On-Time Deadline
<input type="checkbox"/> Central Indiana Cup - Indianapolis, IN	12/3/11	10/4/11	11/3/11
<input type="checkbox"/> Wright State Cup - Dayton, OH	12/4/11	10/5/11	11/4/11
<input type="checkbox"/> Steel City Cup - Pittsburgh, PA	12/17/11	10/18/11	11/17/11

### 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

Teams (all fees are per person)	EARLY	ON-TIME	FINAL
Athletes	\$25	\$30	\$35
Crossovers	\$25	\$30	\$35

### SPECIALTY PERFORMANCE PRICING

All Fees Are Per Group	EARLY	ON-TIME	FINAL
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 \$ \_\_\_\_\_