



**DEFIANCE COUNTY  
FAIRGROUNDS**  
530 S Main St  
PO Box 184  
Hicksville, Ohio 43526

**ALL TEAMS:  
\$25.00 per Team**

**Varsity Prize Money:**  
1<sup>st</sup> Place \$300.00  
2<sup>nd</sup> Place \$150.00  
3<sup>rd</sup> Place \$50.00

**Jr. High & JV Trophies:**  
1<sup>st</sup> – 3<sup>rd</sup> Place

**Spectators:**  
\$3.00 General Admission  
Children under 5 FREE

# **Register Now!**

## **1st Annual Defiance County Fair Xtreme Cheer Competition**

**Wednesday ~ Aug. 25, 2010**  
7:00p.m.

**SPONSORED BY:**



**BUFFALO WILD WINGS**

**For more information feel free to contact  
Crystal Slattman 419-428-4013**

- ✦ Please complete and return team rosters  
with payment before July 31, 2010**
- ✦ Tumble and Non-Tumble Divisions**
- ✦ Jr. High, JV and Varsity Divisions**
- ✦ 36' X 26' Cheer Floor!!**
- ✦ All Star and Mini Teams Welcome!!  
Exhibition ONLY**

# 2010 Defiance County Fair Xtreme Cheer Competition

AUGUST 25, 2010 @ 7:00p.m.

DEFIANCE COUNTY FAIRGROUNDS  
530 S MAIN ST, PO BOX 184, HICKSVILLE, OH 43526  
CONTACT: CRYSTAL SLATTMAN (419)428-4013

## REGISTRATION INFORMATION

All registrations must be received no later than July 31, 2010. You must include "**Registration Form/Team Roster**" **Proof of liability coverage and full payment with your registration.** Make checks payable to Defiance County Agricultural Society, Inc.

There **MUST** be "Participant Release and Waiver Form" for each participant at check in. *Cheerleaders who do not have a completed waiver form will not be allowed to compete.*

## Guidelines

### All Star Cheer Teams

Routine time limit is 5 minutes max. Stunting allowed (proof of insurance required)

### School Cheer Teams

Routine time limit is 5 minutes max.

School team levels are divided into tumble and non-tumble. NO STUNTING.

### General Safety Guidelines

1. All teams must be supervised during all official functions by a qualified director/coach.
2. Soft-soled shoes must be worn while competing. No dance shoes/boots, and/or gymnastics slippers (or similar) allowed.
3. Jewelry of any kind including but not limited to ear, nose, tongue, belly button and facial rings, clear plastic jewelry, bracelets, necklaces and pins on uniforms are prohibited. Jewelry must be removed and may not be taped over. (Exception: medical ID tags/bracelets, and uniform rhinestones.
4. Cheerleaders must have at least one foot on the performing surface when the routine starts.
5. Any height increasing apparatus used to propel a competitor is prohibited.
6. Flags, banners, signs, pom poms, and megaphones are the only props allowed. Props with poles or similar support apparatus may not be used in conjunction with any kind of stunt or tumbling. All props must be safely discarded out of harms way (e.g. throwing a hard sign across the mat from a stunt would be illegal). Any uniform piece purposefully removed from the body and used for visual effect will be considered a prop.
7. Casts that are hard and unyielding or have rough edges must be appropriately covered with a padded material.
8. Required spotters for all levels must be your own team members.
9. Drops including but not limited to knee, seat, thigh, front, back, and split drops from a jump, stunt, or inverted position are prohibited unless the majority of the weight is first borne on the hands/feet, which breaks the impact of the drop.
10. Vulgar/Suggestive/Offensive movements, works or music are not permitted. Routines should be appropriate for family viewing.
11. Performance must take place within the boundaries. Stepping out of bounds will not be penalized unless it is intentional use of out of bounds.

## ADDITIONAL INFORMATION

- Defiance County Agricultural Society, reserves the right to add, change, delete, or combine divisions for any reason.
- You may not use the same routine when entering multiple divisions.
- Contact Crystal Slattman at 419-428-4013 if you have any questions. PLEASE mail

Please feel free to share this information with any other school teams you know who may be interested in competing in our competition. email: [slattman1@defnet.com](mailto:slattman1@defnet.com)

# 2010 Defiance County Fair Xtreme Cheer Competition

## CHEER REGISTRATION FORM / TEAM ROSTER

Complete one form per division entered and return with your Team/Specialty Division entry fee. Form may be duplicated as needed.

Tumble \_\_\_\_\_ Non-Tumble \_\_\_\_\_

Team Name \_\_\_\_\_ Division Entered \_\_\_\_\_

Coach 1 Name \_\_\_\_\_ Coach 2 Name \_\_\_\_\_

Coach 1 Address \_\_\_\_\_ Coach 2 Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

	PARTICIPANT NAME	GRADE As of 6/30/10
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		

**2010 DEFIANCE COUNTY FAIR XTREME CHEER COMPETITION  
PARTICIPANT RELEASE AND WAIVER FORM**

**\*\*PHOTO COPY THIS FORM AS NEEDED FOR EACH INDIVIDUAL PARTICIPATING\*\***

Participant's Name			Name of Parent/Legal Guardian			School/Group Name		
Address			Address			Address		
City	State	Zip	City	State	Zip	City	State	Zip
( )	( )	( )	( )	( )	( )	( )	( )	( )
Home Phone			Work Phone		Cell Phone		School/ Gym Phone	

DEFIANCE COUNTY FAIRGROUNDS  
530 S MAIN STREET, HICKSVILLE, OH 43526  
Event Site \_\_\_\_\_ Squad Type (Varsity, J.V., All Star, etc.) \_\_\_\_\_

I \_\_\_\_\_, (participant) and \_\_\_\_\_, as parent or legal guardian of \_\_\_\_\_, (participant), hereby grant the permission necessary to allow the Participant to participate in the above noted event to be sponsored by the Defiance County Agricultural Society. I acknowledge and agree, on my own behalf and on the behalf of the Participant, that such participation subjects the Participant to the possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, on my own behalf and on behalf of the Participant, acknowledge that the Participant is assuming the risk of such illness or injury by participating in the above noted Defiance County Agricultural Society's event. In the event of such illness or injury, I authorize Defiance County Agricultural Society to obtain necessary medical treatment for the Participant and hereby, on my own behalf and on behalf of the Participant, release and hold harmless Defiance County Agricultural Society, the Defiance County Commissioners, Defiance County Fairgrounds the Hosting Site, (hereinafter the "Hosting Site") on whose premises the Event will occur, and their respective affiliates, directors, officers, representatives, members, agents, volunteers, and employees. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may incurred on behalf of the Participant for any illness or injury that the Participant may sustain during the above noted Defiance County Agricultural Society's event and while traveling to and from the site for the above noted event whether or not the Defiance County Xtreme Cheer Competition event actually occurs.

Appearance Agreement. I understand that Defiance County Agricultural Society at times produces promotional materials relating to its programs. I understand that as a participant in/or spectator at the above noted Defiance County Agricultural Society event the Participant may be included in videotapes or photographs taken during the above noted event. Therefore, without reservation or limitation, I, on my own behalf and on behalf of the Participant, hereby assign, transfer and grant to Defiance County Agricultural Society, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape the Participant and to utilize such videotapes and photographs and Participant's name, face, likeness, voice and appearance as part of the above noted Defiance County Agricultural Society event, in advertising and promoting the above noted Defiance County Agricultural Society event or in advertising and promoting similar future events. I further understand that neither Defiance County Agricultural Society, nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges.

I on my own behalf, hereby warrant that I have read this Release and Waiver in its entirety and fully understand it contents. I am aware that this Release and Waiver releases from liability and contains an acknowledgment of my voluntary and knowing assumption of the risk of injury or illness. I, on my own behalf further acknowledge that nothing in this Release and Waiver constitutes a guarantee that the above noted Defiance County Xtreme Cheer Competition will occur. I, on my own behalf have signed this document voluntarily and of my own free will.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ Participant's Birth date: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctors Phone Number \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Dentist's Phone Number \_\_\_\_\_

In regard to the above-mentioned person, check all that apply, provide explanation on back of form if needed.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Allergies to foods, medication, etc. | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Conditions currently under treatment |
| <input type="checkbox"/> Asthma                               | <input type="checkbox"/> Convulsions         | <input type="checkbox"/> Medications currently taking         |
| <input type="checkbox"/> Diabetes                             | <input type="checkbox"/> Epilepsy            | <input type="checkbox"/> Migraine Headaches                   |
| <input type="checkbox"/> Heart Trouble                        | <input type="checkbox"/> Fainting Spells     | <input type="checkbox"/> Preexisting injury under treatment   |
| <input type="checkbox"/> Contact Lenses                       |  |   |
| <input type="checkbox"/> Other _____                          |  |   |

Daily Medication and Schedule \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Please check one:      School Insurance      Participant's Family's Insurance