



# 2009 NCA/NDA Christmas Extravaganza A Magical Experience!

December 3-6, 2009 • Orlando, Florida

## NCA/NDA Magic for the Whole Family!

- Join the nation's best for an exclusive performance opportunity in the *Walt Disney World*® Resort Christmas Parade
- Enjoy Central Florida at *Disney's Coronado Springs* Resort
- Plenty of time to enjoy the parks



## Performer Package:

- Three (3) nights/four (4) days hotel accommodations at *Disney's Coronado Springs* Resort
- *Walt Disney World*® Resort 3-Day PARK HOPPER® Ticket (unlimited admission into *Magic Kingdom*® Park, *Epcot*®, *Disney's Hollywood Studios*™, and *Disney's Animal Kingdom*® Theme Park for three days)\* A \$279 value.
- Special performance in the *Walt Disney World*® Resort Christmas Parade
- Airport Transfers - through *Disney's Magical Express*
- Three (3) breakfasts (two at hotel and one at parade taping)
- Two (2) meal vouchers to be used at select restaurants in the *Walt Disney World*® Theme Parks
- Performance team uniform
- Performance team travel bag
- Professionally choreographed performance routine
- Instructional DVD of performance routine

### Performer Package Cost

This price does not include airfare.

- \$679 per person – quad occupancy
- \$719 per person – triple occupancy
- \$789 per person – double occupancy

## Spectator Package:

- Three (3) nights/four (4) days hotel accommodations at *Disney's Coronado Springs* Resort
- *Walt Disney World*® Resort 3-Day PARK HOPPER® Ticket (unlimited admission into *Magic Kingdom*® Park, *Epcot*®, *Disney's Hollywood Studios*™, and *Disney's Animal Kingdom*® Theme Park for three days)\*
- Airport Transfers - through *Disney's Magical Express*
- Two (2) breakfasts at hotel
- Two (2) meal vouchers to be used at select restaurants in the *Walt Disney World*® Theme Parks

### Spectator Package Cost

This price does not include airfare.

- \$569 per person – quad occupancy
- \$609 per person – triple occupancy
- \$679 per person – double occupancy
- \$899 per person – single occupancy

\*All *Walt Disney World*® Resorts PARK HOPPER® Tickets are date limited. Tickets will be valid November 30, 2009 through December 13, 2009. Upgrade to a 4-day or 5-day PARK HOPPER® for an additional \$20 per day.

**Uniforms:**

Uniform items will be issued to each performer according to the sizes provided on your registration form. Uniform includes top, skirt, or pants (for males), and briefs. Female participants will need to bring a white mock turtleneck. All participants will need to bring white tennis socks and white tennis shoes. Uniforms will be shipped prior to the event.

**Transportation:**

Airport Transfers will be provided by *Disney's Magical Express*. More information will be provided upon registration.

**Accommodations:**

Performers and spectators will be staying at *Disney's Coronado Springs* Resort. Additional nights are available at the special NCA/NDA rate of \$189 per room per night (tax included). This rate must be requested and paid for through NCA/NDA. Participants desiring to stay extra nights outside of the standard package dates must be accompanied by a parent or chaperone.

**The Cost of Your Trip Does Not Include:**

Optional activity expenses such as independent sightseeing; meals and beverages other than those indicated; or personal items.

**2009 Tentative Event Itinerary:**

Day-to-day activities may vary as deemed necessary to accommodate the group.

Thursday, December 3

Depart for Orlando, Florida and check in at *Disney's Coronado Springs* Resort. This evening NCA/NDA will hold an orientation meeting, introduce you to your staff buddy and conduct your first practice. When booking your flight, plan to arrive at the hotel in Orlando by 4:00 PM.

Friday, December 4

After breakfast, you will have a morning practice. This afternoon you will have free time to enjoy one of the *Walt Disney World*® Resort Theme Parks. This evening you will have your final practice.

Saturday, December 5

Early this morning you will perform as a part of the *Walt Disney World*® Resort Christmas Parade taping. After the taping, you will have the rest of the day to enjoy the park!

Sunday, December 6

This morning enjoy breakfast at the hotel with *Disney* characters. In case of inclement weather, this will be the rain backup day. Otherwise, this is a free day to enjoy the park. Hotel checkout and departure.

Get ready for a Magical Experience!



# REGISTRATION It's easy to register!

## Christmas Extravaganza Payment/Deposit Schedule:

September 4, 2009	\$300.00 per person
October 2, 2009	\$300.00 per person
October 30, 2009	Remaining balance

**LATE FEE:** Balances not paid in full by October 30, will incur a \$50.00 per person late fee.

## Christmas Extravaganza Cancellations/Refunds:

IF CANCELLED ON OR BETWEEN:	AMOUNT RETAINED/CHARGED BY NCA/NDA:
July 1 – September 3	\$50.00 per person
September 4 – October 1	\$150.00 per person
October 2 - October 29	\$300.00 per person
On or after October 30	All fees are non-refundable

**LATE FEE:** Registrations received after October 30, will be charged a \$50 per person late fee.

## Cancellations and Refunds:

Notification of cancellations and request for refund(s) must be made in writing. They must be signed by a parent or guardian, and mailed to NCA/NDA. No cancellations will be accepted by phone. Cancellations may be faxed to NCA/NDA at 972-840-4054. NCA/NDA is not responsible for faxes not received.

We recommend you call to confirm cancellations. All cancellations must be received during business hours, Mon. – Fri., 8:30 a.m. to 5:30 p.m, CST. If cancellation is not received during these hours, it will be dated the next business day.

The cancellation penalty will automatically be deducted from your refund, if applicable. Refunds will be processed after the event is over.

Please allow 6 – 8 weeks after the event to receive your refund.

## Optional Travel Insurance and Assistance:

We STRONGLY encourage trip cancellation insurance. Log on to [www.insuremytrip.com](http://www.insuremytrip.com) for purchasing procedures. This information is provided to you as a courtesy and protects the event participant and/or spectator if you cancel the trip. It must be purchased within (7) days of registration in order to qualify for pre-existing conditions. Note: once cancellation deadlines arrive that money is non-refundable by NCA/NDA.

## Chaperones:

Each participant must have at least one adult chaperone. However, if there is more than one participant from the same school/program attending you may have one adult chaperone for up to three participants. Exception: participants coming with a team must have at least one adult chaperone for every ten participants. Adult chaperones must be 21 years of age or older. NCA/NDA is not responsible for supervising the participants.

### Contact Numbers:

Questions regarding event schedule, uniforms or performance:

John Calitri - [jcalitri@nationalspirit.com](mailto:jcalitri@nationalspirit.com) - 972.840.7033  
NCA/NDA  
P.O. Box 660359  
Dallas, Texas 75266-0359  
Phone: 1.800.NCA.2WIN 1.877.NDA.2WIN  
Fax: 972.840.4054

Questions regarding airline ticket and travel:

TravelFocus  
Phone: 214.915.9325 or 866.854.3115  
Email: [discounts@travelfocus.com](mailto:discounts@travelfocus.com)

## Step 1

Make additional copies for each person attending. Complete the attached registration form as well as the Rules of Conduct form and the Release and Waiver form.

## Step 2

Send your registration and applicable per person deposit to:

NCA/NDA "Christmas Extravaganza Special Event"  
P.O. Box 660359  
Dallas, Texas 75266-0359

### or via FedEx:

NCA/NDA "Christmas Extravaganza Special Event"  
2010 Merritt Drive  
Garland, TX 75041

- Your registration and payment must be received on or before the deadline.
- Space is limited and events may fill up before the deadline.
- **There is a limited number of rooms with two double beds. All single and double occupancy rooms will be assigned to rooms with one bed. Quad and triple occupancy rooms will be assigned to rooms with two double beds on a first come, first serve basis. Once our inventory of rooms with two double beds has been used then registrants will be placed in a room with a bed and a rollaway.**
- Registrations will be accepted on a first come, first serve basis.
- Checks should be made payable to: NCA/NDA.
- You may pay by check, money order or credit card.
- Do not send cash.
- Contact TravelFocus for airfare information.

## Step 3

Within three weeks of receipt of your registration form, you will receive a confirmation invoice and general information regarding your trip.

## Step 4

Second and final payments are due in the NCA/NDA office on or before each due date. **Payments not received by these dates will result in the performer/spectator being automatically removed from the event, which will result in a complete forfeiture of all monies paid.**

## Step 5

Approximately two weeks prior to departure, you will receive a package from FedEx. This package will contain your uniform, backpack, other materials and all final information. **Be sure to include a physical street address on your registration as FedEx does not deliver to a P.O. Box.**

Note: A \$35.00 "returned check" fee will be charged for any insufficient checks. Any payments received after the final payment deadline must be in the form of a cashier's check or money order. Personal checks will not be accepted after the final payment deadline, and will be returned to you.

### Checks, Money Orders, Cashier's Checks:

When mailing in payment, please include:

1. Name of performer, spectator.
2. Name of the event attending.
3. If one check is to cover deposit for more than one person, you must indicate the amount to be credited to each person.

### Credit Card Charges:

Visa, MasterCard, Discover and American Express may be used for payment of the package. Your deposit will be charged to the credit card given. If you would like subsequent payments charged to a credit card, you must send in the credit card authorization form for each subsequent payment. If you would like the full balance paid with your initial deposit then please note this on your registration form.

Please note: If you want to add or change a credit card number, send the information in writing via mail or fax to NCA/NDA. No credit cards will be taken over the phone.



# INFORMATION you need to know:

## Late Registrations:

If space is available, late registrations will be accepted after the above listed deadlines by sending in the TOTAL amount due at time of mailing registration. **There will be a \$50 per person late registration charge for any registrations received after the final balance deadline.** If you are registering late, the total payment due to date must be in the form of a cashier's check, money order or credit card. The standard cancellation policies will apply to all late registrations.

## Roommate Preferences:

List the full name(s) of the individuals you would like to have in your room. The maximum number of people per room is four. Performers/Spectators: if requested, other persons may be assigned to your room to achieve your requested package. Performers/Spectators: if NCA/NDA is unable to accommodate your rooming request based on the type of package you've selected (e.g., quad occupancy), you will be responsible for any additional charges. Roommate assignments will be made after the final deadline payment has been made. Package requests (e.g., room type) may not be available for individuals that remit payments after the final deadline has passed.

## Travel Arrangements:

TravelFocus' team of dedicated travel consultants will help you arrange your travel quickly and easily. TravelFocus negotiates discounts as well as accesses airline special promotions to ensure you get the most competitive airfare available. Call TravelFocus at 866.854.3115 or click on the special event travel link.

Your ticket will NOT automatically be ticketed. Your application and airline tickets are separate. Please make payment arrangements directly with TravelFocus.

### Please note:

**The land package and airline ticket are separate and cannot be paid for with one check. You will need to give separate information to TravelFocus. NCA/NDA is not responsible for tickets not ordered. You will be responsible for any additional charges for late ticket purchases. Airline tickets will be mailed to you upon receipt of payment.**

## Responsibility Disclosure Notice:

Varsity Spirit Corporation, its parent corporations and subsidiaries, dba National Cheerleaders Association and National Dance Alliance act only as an agent in connection with the tour offered herein and its liability is limited. The travel services including air transportation, carriage by land, hotel accommodations, restaurants, and related service are provided by independent third parties not under the control of Varsity Spirit Corporation. Varsity Spirit Corporation shall NOT bear any liability to the passenger or any third party for any injury, damage, loss, accident, delay, or irregularity which may be occasioned either by reason or any defect, through the acts or defaults of any company or person engaged in conveying the passengers or in carrying out the arrangements of the tour and/or performance events, venues, etc. as a direct or indirect result of acts of God, dangers incident to fire, breakdown in machinery or equipment, acts of governments or other authorities, acts of terrorism, civil disturbances, strikes, riots, theft, unhealthy conditions, pilferage, epidemics, quarantines, medical or customs regulations, or from any other causes beyond the control of Varsity Spirit Corporation. Varsity Spirit Corporation shall not be liable for any losses or additional expenses due to delay or changes in schedule or other causes. The right is reserved to decline, to accept, or to retain any tour passenger should such person's health or general deportment impede the operation of the tour to the detriment of other passengers. No refunds for tour portions or unused services can be made unless agreed to prior to scheduled deadlines. Your retention of tickets, reservations, or bookings after issuance shall constitute a consent to the above and agreement on your part to convey the contents herein to your traveling companions. Payment of any deposit or final payment shall be deemed to constitute consent by each passenger to these terms. Baggage is carried at the owner's risk. It is recommended that each participant in this tour have his or her own attorney review this RESPONSIBILITY DISCLOSURE NOTICE before indicating his or her consent by signing the reservation form.



# Christmas Extravaganza Registration Form

Every participant (including spectators) must individually supply the following information. Please make additional copies as necessary. This application will not be processed unless all information below is accurate, completed in full and returned with the required deposit by its due date. Make check or money order payable to NCA/NDA. Please do not staple payment to this form. Please print all information clearly in black/blue ink.

## PERFORMER/SPECTATOR INFORMATION

Full Name: \_\_\_\_\_  
 Mailing Address (for regular mail): \_\_\_\_\_  
street address city state zip  
 Complete Physical Address (for UPS, FedEx shipping): \_\_\_\_\_  
street address (no P.O. Boxes) city state zip  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 I am:  Male  Female Age: \_\_\_\_\_  
 School/Team Name: (Who attended camp with): \_\_\_\_\_  
 I attended 2009 NCA/NDA Summer Camp at: \_\_\_\_\_ Date: \_\_\_\_\_  
University or Private Camp Name

## CHAPERONE INFORMATION:

Chaperone Name: \_\_\_\_\_ Chaperone Cell Phone: \_\_\_\_\_  
 Relationship of Chaperone:  Parent  Relative  Coach  Other

Each participant must have at least one adult chaperone. However, if there is more than one participant from the same school/program attending you may have one adult chaperone for up to three participants. Exception: participants coming with a team must have at least one adult chaperone for every ten participants. Adult chaperones must be 21 years of age or older. NCA/NDA is not responsible for supervising the participants.

## EMERGENCY CONTACT INFORMATION: (Complete this section if Parent or Guardian is not traveling with you).

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Work Number: \_\_\_\_\_ Home Number: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Special dietary/medical request/allergies : \_\_\_\_\_  
 \_\_\_\_\_

### PLEASE CHECK ONE BOX FOR EACH OF THE FOLLOWING ITEMS:

Check one:  Cheer  Dance  Mascot  Spectator  
 Check one:  Top All-American  All-American  All-American Nominee  Team Award Winner  Other \_\_\_\_\_

### PERFORMER PACKAGE COST

Does not include airfare  
 \$679 - Quad Occupancy (4 to a room/2 beds)  
 \$719 - Triple Occupancy (3 to a room/2 beds)  
 \$789 - Double Occupancy (2 to a room/1 bed)  
 \$40 - Upgrade to a 5-day PARK HOPPER®  
 \$20 - Upgrade to a 4-day PARK HOPPER®

### SPECTATOR PACKAGE COST

Does not include airfare  
 \$569 - Quad Occupancy (4 to a room/2 beds)  
 \$609 - Triple Occupancy (3 to a room/2 beds)  
 \$679 - Double Occupancy (2 to a room/1 bed)  
 \$899 - Single Occupancy (1 to a room/1 bed)

Extra Room Nights at \$189 per room per night: \_\_\_\_\_ Date(s) \_\_\_\_\_

Total Due: \_\_\_\_\_

**Maximum number of people in a room is four.** If needed, other persons may be assigned to your room to achieve your requested occupancy package. If NCA/NDA is unable to accommodate your rooming request, you will be responsible for any additional charges.

ASSIGNMENTS (NCA/NDA does not assign roommates except at your request.)

My roommate(s) name:  
 1. \_\_\_\_\_ Performer \_\_\_ Spectator  
 2. \_\_\_\_\_ Performer \_\_\_ Spectator  
 3. \_\_\_\_\_ Performer \_\_\_ Spectator

## Travel Information (Please print in dark ink)

Check applicable boxes:  
 I would like to use *Disney's Magical Express* for airport transfers.  
 I plan to drive to the hotel.

print name:

Last Name

First Name

Middle Initial

# Christmas Extravaganza Registration Form

print name:

## CANCELLATION INSURANCE:

I plan to:  Purchase insurance (www.insuremytrip.com) via the internet  Get my own cancellation insurance  Not have any cancellation protection  
Please note that no refunds will be made after the cancellation deadline. We encourage you to consider trip insurance.

## Payment Information

Please select one form of payment for the land package:  Check/Money Order  Visa  MasterCard  American Express  Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Amount to Charge: \_\_\_\_\_

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

Full Billing Address: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

Your credit card will be charged the deposit amount specified above. Please re-read the payment schedule and information pertaining to payments, refunds and cancellations before signing this application. I/We have read this information and accept its contents. If no deposit amount is specified, the full balance will be charged.

PLEASE RE-READ THE PAYMENT AND CANCELLATION SECTIONS BEFORE SIGNING THIS CONTRACT.

I/WE HAVE READ THIS BROCHURE AND UNDERSTAND AND ACCEPT ITS CONTENTS:

Participant's signature \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Guardian/Parent's signature \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Last Name

First Name

Middle Initial

## MALE UNIFORMS - CHECK ONE:

### MEN'S TOPS

CHEST	SIZE
29" - 30"	___ 34
31" - 32"	___ 36
33" - 34"	___ 38
35" - 36"	___ 40
37" - 38"	___ 42
39" - 40"	___ 44
41" - 42"	___ 46
43" - 44"	___ 48
45" - 46"	___ 50
47" - 48"	___ 52
49" - 50"	___ 54
51" - 52"	___ 56

### MEN'S PANTS

SIZE	WAIST	HIPS
___ S	28" - 30"	34" - 36"
___ M	31" - 33"	37" - 39"
___ L	34" - 36"	40" - 42"
___ XL	37" - 39"	43" - 45"
___ 2XL	40" - 42"	46" - 48"
___ 3XL	43" - 45"	49" - 51"

\_\_\_ Select inseam 26" - 36".

## FEMALE UNIFORMS - CHECK ONE:

Brief: \_\_\_YS \_\_\_YM \_\_\_XS \_\_\_S \_\_\_M \_\_\_L \_\_\_XL

### FEMALE SHELL

SIZE	BUST
___ 2XS*	24" - 26"
___ XS*	27" - 29"
___ S	30" - 32"
___ M	33" - 36"
___ L	37" - 40"
___ XL	41" - 44"
___ 2XL	45" - 48"

### FEMALE SKIRTS

SIZE	WAIST	HIPS	LENGTH
___ 2XS	18" - 20"	28" - 30"	10"
___ XS	20" - 22"	30" - 32"	12"
___ S	23" - 25"	33" - 35"	13"
___ M	26" - 28"	36" - 38"	14"
___ L	29" - 31"	39" - 41"	15"
___ XL	32" - 34"	42" - 44"	16"
___ 2XL	35" - 37"	45" - 47"	16"

\*2XS and XS tops will not have bust darts.

## DETERMINING YOUR UNIFORM SIZE

**DO NOT TAKE YOUR OWN MEASUREMENTS.** When being measured, wear the same undergarments you normally wear under your uniform.

**WAIST:** Measure snugly around body at waistline.

**BUST/CHEST:** With arms raised to shoulder level, measure around the fullest part of the chest.

**HIPS:** Measure around the fullest part of the hips.

**SKIRT LENGTH:** Measure in back from the natural waistline, over the hips, to the desired length on leg. (Skirt length measurement is made from the bottom of the waistband to the hemline.) Available lengths: 12" - 19". Select skirts available in additional lengths.

## PERFORMERS ONLY:

### IMPORTANT UNIFORM INFORMATION

Please be accurate! Performers must complete all measurement requests! All uniforms/costumes will be based on these measurements.

SEX: \_\_\_ Male \_\_\_ Female

HEIGHT: \_\_\_ Ft. \_\_\_ In. Weight: \_\_\_ Lbs.

# 2009 CHRISTMAS EXTRAVAGANZA RULES OF CONDUCT AND BEHAVIOR



December 3-6, 2009

**TO BE COMPLETED AND RETURNED FOR ALL PARTICIPANTS AND SPECTATORS. YOUR REGISTRATION WILL NOT BE FINALIZED UNTIL ALL FORMS HAVE BEEN COMPLETED AND RECEIVED IN OUR OFFICE.**

There will be many girls, boys, parents, and NCA & NDA staff traveling to Orlando as part of this event. We are looking forward to this great new event, and would like to take this opportunity to assure all parents that our main concern is each performer's safety. Therefore, we have established the following rules of conduct and behavior for each participant and spectator while at the event. Each performer is representing NCA and NDA as well as their state, their hometown, their school and most of all, their family and themselves. The National Cheerleaders Association and National Dance Alliance asks each participant, parent and spectator to carefully read and understand the necessity of these rules.

**Participants and spectators** must both sign this form and return it to the NCA/NDA office. In addition, if participant and/or spectator is under 21 years of age, parent signature is required. Please remember that we want you to have a great time, but within the parameters of this agreement.

*Return to the NCA/NDA Office with your registration.*

**Rules of Conduct Applying to  
ALL Special Event Attendees:**

1. I will read all literature and information pertaining to this event that is sent to me.
2. A chaperone/adult (age 21 and over) is required to attend with participants. This chaperone will be responsible for participants outside of scheduled rehearsals and performances (free time) including but not limited to swimming, free time at the event site or hotel.
3. NCA/NDA is not responsible for participants on their free time.
4. I also understand that if any non-event attendees are found in my room, they will immediately be expelled from the hotel by hotel security and NCA/NDA staff.
5. The use of any controlled substance is strictly PROHIBITED. Failure to comply will result in immediate expulsion from the event at my own expense.
6. I will be expected to be on time for all events, sightseeing excursions, rehearsals, and performances.

**Rules of Conduct Applying to Performers:**

1. The use of alcohol and/or any tobacco product is strictly PROHIBITED. No smoking is allowed. Failure to comply will result in immediate dismissal and a letter to your parent, coach, and/or principal.
2. I understand that I am strictly PROHIBITED from allowing any member of the opposite sex in my room, whether or not they are a member of the event, and to do so will result in immediate expulsion from the event. I am also strictly PROHIBITED from entering the room of a person of the opposite sex.
3. It is my responsibility to learn my routine from the video sent to me and to pack and bring all of my uniform to Orlando.

4. I understand that a curfew will be established each evening and I will be expected to stay in my room for the remainder of the night.
5. Performers may not wear jewelry of ANY kind at any time during practices and performances.
6. I understand that I may not leave the hotel or any other event function alone for any reason without my chaperone's supervision.
7. I understand that during the independent or free time on this event, I will be able to sightsee or shop with my chaperone.
8. I understand that I should contact my staff buddy, a NCA/NDA trainer or a NCA/NDA representative if I'm injured.
9. All performers must abide by the following hotel rules:
  - a. No running or unnecessary noise in the halls
  - b. No leaning out of windows or over balconies. No throwing anything out of windows. Keep blinds closed when dressing and after dark.
  - c. Always lock your door when you leave the room and when you are in your room. Do not prop doors open.
  - d. Any damage to the room will be charged to the individual responsible.
  - e. Please be responsible for and with your room key. Do not give your room key to anyone else.
  - f. All performers must be in their room by the established curfew time and remain there until morning. If an emergency occurs, performers should contact their staff buddy or event director immediately for assistance.
  - g. No one of the opposite sex will be allowed in the sleeping rooms.
9. It is strictly PROHIBITED and FORBIDDEN to get a permanent body tattoo or have your body pierced in any place while you are in Orlando.

*I understand and agree that any infraction of these rules and conditions or behavior deemed inappropriate by NCA/NDA personnel could cause my immediate expulsion from the tour and result in my being sent home at my own expense without refund for unused portions of the trip.*

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spectator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If participant or spectator is under 21 years of age)

NCA/NDA - Christmas Extravaganza 1-800-NCA-2WIN  
P.O. Box 660359 1-877-NDA-2WIN  
Dallas, Texas 75266 Fax: 972-840-4010

# NCA and NDA SPECIAL EVENT PARTICIPANT OR MINOR RELEASE AND WAIVER

Every Participant must send in a completed and signed release form to the NCA/NDA office prior to the special event to participate. ALL areas must be completed.  
*Please photocopy and distribute to each person attending. Coach must retain a copy of each form to keep them with the team throughout the event.*

Minor's Name	Name of Parent / Legal Guardian (_____)	(_____)_____ School/Group Phone Number
Address	Parent/Legal Guardian Cell Phone	Name of Special Event Attending
City, State & Zip (_____)	School/Group Name	Special Event City & State
Phone Number	School/Group Address	Special Event Dates
Participant Email Address	School/Group City, State, & Zip	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> </div> <div> <b>Participant Type:</b>  <input type="checkbox"/> Cheer      <input type="checkbox"/> Dance                 </div> <div style="margin-left: 10px;"> </div> </div>

**Liability Release.** For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I \_\_\_\_\_, as parent or legal guardian of \_\_\_\_\_, a minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in the above special event to be conducted by Varsity Spirit Corporation ("Varsity Spirit") d/b/a National Cheerleaders Association ("NCA") and/or d/b/a National Dance Alliance ("NDA"). I, in my own behalf and on behalf of the Minor, further agree to release and to hold harmless Varsity Spirit, Varsity Spirit's Corporate Sponsors (hereinafter "Sponsors"), the Hosting Site, (university, hotel, convention center, theme park, high school) on whose premises the Special Event will occur (hereinafter the "Location") the affiliates of Varsity Spirit, the Location, and the respective directors, officers, representatives, members, agents and employees of Varsity Spirit, Sponsors, the Location and their respective affiliates (hereinafter collectively "Releasees") from any and all liability, whether caused by the negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Special Event, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that the Minor may incur or sustain during the Special Event, all activities associated with the Special Event and while traveling to and from the site for the Special Event whether or not the Special Event actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other persons on the account of damages of any character resulting to Minor in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss of costs Releasees may have to pay as a result of any such action, claim, or demand.

I, in my own behalf and on behalf of the Minor, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of the Minor, am aware that this Liability Release releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of the minor, further acknowledge that nothing in this Liability Release constitutes a guarantee that the Special Event will occur. I, in my own behalf and on behalf of the Minor, have signed this document voluntarily and of my own free will.

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

**Medical Release.** I, in my own behalf and on behalf of the minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, in my own behalf and on behalf of the Minor, acknowledge that the Minor is assuming the risk of such illness or injury by participating in the camp. In the event of such illness or injury, I authorize Varsity Spirit to obtain necessary medical treatment of the minor and hereby, in my own behalf and on behalf of the Minor, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the Minor for any illness or injury that the Minor may sustain during the Special Event and while traveling to and from the site for the Special Event whether or not the Special Event actually occurs.

**Appearance Agreement.** I understand that Varsity Spirit d/b/a NCA and/or NDA from time to time produces promotional material relating to its programs. I understand that as a participant and/or a spectator at the Special Event, Minor may be included in videotapes, photographs, DVDs, podcasts, and videocasts taken during the Special Event. Therefore, without reservation or limitations, I, in my own behalf and on behalf of the Minor, hereby assign, transfer and grant to Varsity Spirit d/b/a NCA and/or NDA, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape Minor and to utilize such videotapes and photographs and Minor's name, face, likeness, voice and appearance as a part of the Special Event, in advertising and promoting the Special Event or in advertising and promoting similar future events. I further understand that neither Varsity Spirit nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges. I, in my own behalf and on behalf of the minor, waive any right to inspect or approve any materials related thereto.

**Special Event Rules.** I further acknowledge and understand that Varsity Spirit has established rules and regulations pertaining to conduct, behavior and activities of all Special Event participants by which Minor and I agree to abide during the Special Event), and that Minor and I will be responsible for his/her/my failure to abide by those rules and regulations. Minor and I have received, read and understand the Special Event rules. Minor and I understand that violation of the rules can result in dismissal from Special Event with no refund.

**Insurance and Medical Information** I represent that any medication to which Minor is allergic or medications that Minor is currently taking are listed below. I agree that Minor shall bring medications which Minor is currently taking with him/her to the Special Event and that he/she shall consume the prescribed dosage for such medications. **Varsity Spirit will not administer or supply any type of medication at the Special Event.**

Medications (if any): \_\_\_\_\_

Allergic to (if any): \_\_\_\_\_

I acknowledge that the Minor suffers from the following conditions: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Minor Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Minor's Social Security Number (not required but helpful for quick verification of insurance policy by hospital/clinic): \_\_\_\_/\_\_\_\_/\_\_\_\_

Insurance Company: \_\_\_\_\_ Insurance Company Address: \_\_\_\_\_

Medical Insurance Policy/Group Number - REQUIRED: \_\_\_\_\_ Insurance Company Phone # : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Emergency Information:** Name to contact: \_\_\_\_\_ Em Contact Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Daytime Telephone: (\_\_\_\_\_) \_\_\_\_\_ Evening Telephone: (\_\_\_\_\_) \_\_\_\_\_

I, in my own behalf and on behalf of the Minor, hereby warrant that I have read this Participant Release and Waiver Form in its entirety and fully understand its contents. I, in my own behalf and on behalf of the Minor, am aware that this Participant Release and Waiver Form releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of the minor, further acknowledge that nothing in this Participant Release and Waiver Form constitutes a guarantee that the Special event will occur. I, in my own behalf and on behalf of the Minor, have signed this document voluntarily and of my own free will.

**X** Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

**X** I, identified above as Minor, acknowledge that I have read this Release and Waiver form.  
 Signature of Minor: \_\_\_\_\_ Date: \_\_\_\_\_  
 Witness Signature: \_\_\_\_\_ Address: \_\_\_\_\_ Date: \_\_\_\_\_



# NCA and NDA SPECIAL EVENT ADULT RELEASE AND WAIVER



Every Coach/Chaperone/Spectator must have a completed and signed release form to turn in at registration on the first day of Special Event to participate. ALL areas must be completed. *Please photocopy and distribute to each adult attending. Coach must retain a copy of each form to keep with you throughout the event.*

_____ Name	_____ School/Group Name	_____ Name of Special Event Attending
_____ Address	_____ School/Group Address	_____ Special Event City & State
_____ City, State & Zip ( )	_____ School/Group City, State, & Zip ( )	_____ Special Event Dates
_____ Phone Number	_____ School/Group Phone Number	<input type="checkbox"/> Check here if you are the Advisor/Coach <input type="checkbox"/> Check here if you are a Chaperone
_____ Email Address	Are you employed by the school or school district? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you over 21 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Liability Release.** For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I agree to participate in the above Special Event to be conducted by Varsity Spirit Corporation ("Varsity Spirit") d/b/a National Cheerleaders Association ("NCA") and/or d/b/a National Dance Alliance ("NDA"). I further agree to release and to hold harmless Varsity Spirit, Varsity Spirit's Corporate Sponsors (hereinafter "Sponsors"), the Hosting Site, (university, hotel, convention center, theme park) on whose premises the Special Event will occur (hereinafter the "Location") the affiliates of Varsity Spirit, the Location, and the respective directors, officers, representatives, members, agents and employees of Varsity Spirit, Sponsors, the Location and their respective affiliates (hereinafter collectively "Releasees") from any and all liability, whether caused by the negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Special Event, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that I may incur or sustain during the Special Event, all activities associated with the Special Event and while traveling to and from the site for the Special Event whether or not the Special Event actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by me or by any other persons on the account of damages of any character resulting to me in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss of costs Releasees may have to pay as a result of any such action, claim, or demand.

I hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I am aware that this Liability Release releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I further acknowledge that nothing in this Liability Release constitutes a guarantee that the Special Event will occur. I have signed this document voluntarily and of my own free will.

**X** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Release.** I acknowledge and agree that such participation subjects me to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I acknowledge that I am assuming the risk of such illness or injury by participating in the Special Event. In the event of such illness or injury, I authorize Varsity Spirit to obtain necessary medical treatment for me and hereby release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred by me for any illness or injury that I may sustain during the Special Event and while traveling to and from the site for the Special Event whether or not the Special Event actually occurs.

**Appearance Agreement.** I understand that Varsity Spirit d/b/a NCA and/or NDA from time to time produces promotional material relating to its programs. I understand that as a participant and/or a spectator at the Special Event, I may be included in videotapes, photographs, DVDs, podcasts, and videocasts taken during the Special Event. Therefore, without reservation or limitations, I hereby assign, transfer and grant to Varsity Spirit d/b/a NCA and/or NDA, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape me and to utilize such videotapes and photographs and my name, face, likeness, voice and appearance as a part of the Special Event, in advertising and promoting the Special Event or in advertising and promoting similar future events. I further understand that neither Varsity Spirit nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges. I waive any right to inspect or approve any materials related thereto.

**Special Event Rules.** I further acknowledge and understand that Varsity Spirit has established rules and regulations pertaining to conduct, behavior and activities of all Special Event participants by which I agree to abide during the Special Event, and that I will be responsible for my failure to abide by those rules and regulations. I have received, read and understand the Special Event rules. I understand that violation of the rules can result in dismissal from Special Event with no refund.

**Insurance and Medical Information** I represent that any medication to which I am allergic or medications that I am currently taking are listed below. I agree that I shall bring medications which I am currently taking with me to the Special Event and that I shall consume the prescribed dosage for such medications. **Varsity Spirit will not administer or supply any type of medication at the Special Event.**

Medications (if any): \_\_\_\_\_

Allergic to (if any): \_\_\_\_\_

I acknowledge that I suffer from the following conditions: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ Your Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Adult's Social Security Number (not required but helpful for quick verification of insurance policy by hospital/clinic): \_\_\_\_/\_\_\_\_/\_\_\_\_

Insurance Company: \_\_\_\_\_ Insurance Company Address: \_\_\_\_\_

Medical Insurance Policy/Group Number - REQUIRED: \_\_\_\_\_ Insurance Company Phone # : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Emergency Information:** Name to contact: \_\_\_\_\_ Em Contact Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell Phone Number: ( ) \_\_\_\_\_

Daytime Telephone: ( ) \_\_\_\_\_ Evening Telephone: ( ) \_\_\_\_\_

I hereby warrant that I have read this Adult Release and Waiver Form in its entirety and fully understand its contents. I am aware that this Adult Release and Waiver Form releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I further acknowledge that nothing in this Adult Release and Waiver Form constitutes a guarantee that the Special Event will occur. I have signed this document voluntarily and of my own free will.

**X** Signature of Adult: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Address: \_\_\_\_\_ Date: \_\_\_\_\_