



SCHOLASTIC CHEER ENTRY FORM – 2019

School/Unit Name _____

Director's Name _____ Phone _____

Director's Email _____

Check those you wish to attend.
(Please read General Information section)

- 1/26 @ Shafter HS Max: 90
- 2/2 @ Stockdale HS Max: 90
- 2/23 @ Independence HS Max: 90
- 3/2 @ Bakersfield HS Max: 90
- 3/16 @ Stockdale HS Max: 90
- 3/30 [FINALS] @ North HS

General Information

- Completed entries consist of entry form, roster, medical release, announcer sheet, and entry fee. Incomplete entries will not be accepted. One entry per unit. Entry fees **received** by January 12 are \$450. Entry fees **received** after January 12 are \$500. Completed entries must be **received** 14 days prior to a contest in order to compete.
- A unit must compete in at least 2 regular season competitions to be eligible for finals, one of which must be one of the first 2 shows.
- A unit may enter up to 4 regular season shows plus FINALS. Each show, except for FINALS, will have a MAX of 90 units. The shows will be filled on a first come first serve basis, using the date your entry was received.
- Independent units must submit to PPAACC, a certificate of insurance that lists PPAACC and the Kern High School District as additionally insured before their first competition. The minimum coverage is \$10,000 accidental and \$1,000,000 General Liability.
- By entering a PPAACC competition, you agree to read and abide by all PPAACC rules and regulations. Rules will be posted on the website listed above.

Select a division.

I understand this form must be completely fill out and emailed to ppaacc1@me.com. My entry fees must be mailed to the PPAACC PO Box. The address is listed in the heading. My entry is not complete until all items are received by PPAACC. I understand that my school/unit's name will be posted on the PPAACC website once everything has been received. It is my responsibility to check with PPAACC, if my school/unit's name is not posted in a timely manner.

Yes, I understand

Director **must** read and sign below.

I certify the following items:

I am the director of the unit listed above, and all the information is true and correct. I have read the PPAACC rules and regulations that are outlined in the PPAACC handbook. I have shared this information with my teaching/coaching staff. I understand the rules specific to classification, class, and division. I understand that violations of the grade level/age requirements/roster/membership rules may result in disqualification of the team and forfeiture of the membership for the season. I have read the code of conduct as outlined in the PPAACC handbook, and I am committed to upholding positive sportsmanlike conduct in myself and in the unit(s)/staff members for which I am responsible. I also understand that if I gain knowledge of the scores prior to their announcement at an awards ceremony, I am obliged to keep that knowledge to myself and not share it with anyone until they are announced.

(Director's Signature)

(Date)

(Print Name)

Cancellation Policy

- Units may cancel an event, as long as (2) weeks notice is given.
- Any cancellation less than (2) weeks before an event will result in a \$50 fine.
- Notice not given at least 24 hours prior to the start of an event will result in a \$100 fine.
- A "no show" will result in a \$4 0 fine.
- Fines must be paid before competing in the next event.

Staff Members– List names of staff. Add email address if you want to be added to the PPAACC email list.

(Name)

(Email)

(Name)

(Email)



UNIT ROSTER – Members must be prepared to show proof of age upon request. Please print clearly and list in Alphabetical order by last name. If a performer is out of high school, please list their age.

School/Unit Name _____

Last Name, First Name	Grade/Age	Last Name, First Name	Grade/Age
1 _____		21 _____	
2 _____		22 _____	
3 _____		23 _____	
4 _____		24 _____	
5 _____		25 _____	
6 _____		26 _____	
7 _____		27 _____	
8 _____		28 _____	
9 _____		29 _____	
10 _____		30 _____	
11 _____		31 _____	
12 _____		32 _____	
13 _____		33 _____	
14 _____		34 _____	
15 _____		35 _____	
16 _____			
17 _____			
18 _____			
19 _____			
20 _____			

MEDICAL RELEASE

I certify that all the members listed above are students/members at _____, and that they have completed Medical Release Liability forms as required by the above named school or business. Said forms are in my possession and I have the authority to act as an agent for that school or business in making decisions regarding emergency medical care.

Signature on this form releases PPAACC (Pep & Pageantry Arts Association of Central California), its officers, agents, judges, and host sites of responsibility for injuries incurred as a result of participation in a sanctioned PPAACC contest and places that responsibility with me and/or the above named school/business.

(Director's Signature)

(Date)

(Print Name)

(Position)