

Special Olympics IOWA 2015 Cheer Squad

Attention High School Cheer Coaches:

The ICCA has been asked to be a part of Special Olympics IOWA 2015. This is the 10th year that we have been performing. It is a very rewarding experience for the cheerleaders and athletics. All high school cheerleaders are invited to be a part of this special event. It is preferred that the coach attend with the cheerleaders, however, if this is not possible a cheer parent will be permitted.

Participation and Fees:

The first 50 cheerleaders to pay their nonrefundable fee of \$20 will be accepted. Make all checks payable to the Special Olympics IOWA. We would like to try and have ONLY 4 cheerleaders per school, please. The deadline to register is APRIL 24th, 2015. Registration forms can be found on www.iowacheercoaches.org.

Date and Responsibilities:

The cheerleaders will learn a routine at Hilton Coliseum on May 21st, 2015. Registration will start at 11:00 AM and practice will start at 11:30 AM SHARP!! Please come ready and have already eaten lunch. The cheerleaders will hold a cheer clinic for the Special Olympic athletics immediately following the practice. The ICCA cheerleaders will then perform their routine they learned that day, in the evening at the Special Olympics IOWA 2015 Opening Ceremonies held in Ames at Hilton Coliseum.

What to bring and wear:

Coaches must be sure to bring medical form and ICCA release form for each cheerleader. Cheerleaders will need to wear shorts, a t-shirt and cheer shoes to practice. All NFHS Spirit rules will be followed including NO JEWELRY during practice, clinic and performance. Cheerleaders will receive a boxed supper or may bring money to eat out for supper.

For the performance cheerleaders will wear their cheer uniform with a turtleneck and bring your POMS. The Hilton Coliseum locker rooms will be available for the cheerleaders to change.

Check in: 11:00 am - 11:30 am @ Hilton Coliseum in Ames

Practice: 11:30 am – 2:45 pm @ Hilton Coliseum in Ames

Camp/clinic: 3:00 pm – 3:45 pm @TBA

Supper: 4:00 pm – 6:00 pm @ Hilton Coliseum in Ames

Practice: 6:00 pm FULL UNIFORM DRESSED READY!! @ Hilton Coliseum in Ames

Performance TBA @ Hilton Coliseum in Ames

Wear: shorts, t-shirt, socks and cheer shoes for practice. Perform in uniforms, turtlenecks and poms.

Bring: Medical form, ICCA release forms.

Hope to see you there for this great experience. Send your registration forms/fee by April 24th, 2015 to:

Sandy Norby
3237 Hickory Ave
Osage, IA 50461

If you have further questions please contact:

Sherrie Moritz (rsasm@frontiernet.net)

Sandy Norby (snorby@osage.k12.ia.us)

WE WILL follow all NFHS Spirit Rules!!

REGISTRATION FORM

High School: _____

Cheer Coach: _____

Phone: _____

Address: _____

E-Mail: _____

Supervisor (person supervising cheerleaders if coach is NOT attending): _____

Name of cheerleaders participating	GRADE	T-shirt size
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL cheerleaders attending (limit 4): _____

Total amount (DUE by APRIL 24th, 2015): _____

Send registration forms/fee by April 24th, 2015 to:

Sandy Norby
3237 Hickory Ave.
Osage, IA 50461

RELEASE AND APPEARANCE AGREEMENT

CHEERLEADERS NAME: _____

SCHOOL CHEERLEADER REPRESENTS: _____

I, the undersigned parent/guardian, do hereby grant permission for my son or daughter so listed above to participate in ICCA/IHSAA events for the current year.

I, acknowledge and understand that while participating in this event there is a possibility of illness or injury to cheerleader above. I further acknowledge and understand that cheerleader above is assuming the risk of such physical illness and injury by his/her participation, and I further release ICCA/IHSAA as well as its representatives, from any claims for personal illness and injury that cheerleader above may sustain as result of his/her participation.

I acknowledge and understand that the ICCA/IHSAA have established rules and regulations regarding conduct, safety and sportsmanship by which cheerleader above must abide, and that cheerleader above and I will be responsible for his/her failure to abide by those rules and regulations.

Parent/guardian

Date signed

Consent for Medical Treatment

Information and Consent For Medical Treatment Form for Cheerleaders

**** Coaches: Do not mail this form. Keep & bring completed forms with you to ICCA Events.**

This form is to be completed by cheerleaders & their parents and brought to the ICCA event by the coach. The coach is responsible for keeping this form available in case of emergency.

SCHOOL _____ Student's Name (Last, First, MI) _____

Age _____ Grade _____ Date of Birth _____ Today's Date _____

Parent's/Guardian Name _____

Student's Address _____

City, State, Zip _____

Father's/Guardian's Place of Work _____

Father's/Guardian's Work Phone Number _____

Mother's/Guardian's Place of Work _____

Mother's/Guardian's Work Phone Number _____

In an emergency, when parent/guardians cannot be notified, please contact:

Name _____ Relationship _____ Phone _____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Date of last tetanus booster _____ (month/year)

Do you wear: Glasses ____yes ____no Contacts ____yes ____no Dentures ____yes ____no

List any known allergies, drug reactions, or other pertinent medical information. (Diabetes, seizures, history of head injury with unconsciousness or confusion, medication, etc.)

Consent for Medical Treatment

Iowa law requires a parent's, or legal guardian's written consent before their son or daughter can receive emergency treatment, unless, in the opinion a physician, the treatment is necessary to prevent death or serious injury.

As parent(s)/ legal guardian(s), of the child named above, I (we) authorize emergency medical treatment or hospitalization that is necessary in the event of an accident or illness of my (our) child. I (we) understand that this written consent is given in advance of any specific diagnosis or hospital care. This written authorization is granted only after a reasonable effort has been made to contact me (us).

Parent's/Guardian's Signature Date

Parent's/Guardian's Signature Date

Consent for Treatment endorsed by the Iowa Chapter of the American Academy of Emergency Physicians.