Coach Signature

i aminy 15 v	Something to Cheer Abo	ut! Date:
TEAM INFORMATION		
Team Name:		
Address:		
City:		ZIP
Coach(es) Name(s):		
Coach Phone:		
Team Age Division(s) (Check	all that apply)	
Mini (5-7) Number of par	ticipants in division	
Petites (8-9) Number of p	participants in division	
Pints (10-11) Number of p	participants in division	
Juniors (12-13) Number o	f participants in division	
◯ Junior Varsity (14-18) Nur	nber of participants in division	
Varsity (14-18) Number of	participants in division	
LIABILITY WAIVER		
Your signature below affi	rms all of the following:	
Showcase. I understand that will not hold Adoption Conrany injuries, property damage that inappropriate conduct uses photographs and vide and videos may include par publish said images and videos	nection, PA, North Catholic High School, ge, or theft that may occur throughout to may result in removal without refund. I use of participants for promotional purpot to rall of my teams' routines, and give p	njury and harm to participants is possible. I or any of their showcase affiliates liable for he duration of the showcase. I understand understand that Adoption Connection, PA, ses. I understand that those photographs ermission to Adoption Connection, PA, to and print materials as they see fit in order to
 Coach Signature		 Date

Date