**Special Olympics IOWA 2019 Cheer Squad**

**Attention High School Cheer Coaches:** The ICCA has been asked to be a part of Special Olympics IOWA 2019.  This is the 14th year that we have been performing.  It is a very rewarding experience for the cheerleaders and athletes.  All high school cheerleaders are invited to be a part of this special event.  It is preferred that the cheer coach attend with the cheerleaders; however, if this is not possible, a cheer parent will be permitted.

**Participation and fees: The cost for each cheerleader is a nonrefundable fee of $20, coaches fee is $10 (IF you would like meal and t-shirt) which is donated to the Special Olympics Cheer Program.** The first 50 cheerleaders to pay their nonrefundable fee will be accepted.  Make all checks payable to ICCA. We ask that you limit it to 4 cheerleaders per school.  The deadline to register is May 1st, 2019.

**Date and Responsibilities:** The cheerleaders will learn a routine at Hilton Coliseum on May 23rd, 2019.  Registration will start at 11:00 AM and practice will begin at 11:30 AM SHARP!  Please come ready and have already eaten lunch. The cheerleaders will host a cheer clinic for the Special Olympic athletes immediately following the practice.  That evening the cheerleaders will perform the routine they learned that day at the Special Olympics IOWA 2019 Opening Ceremonies held in Ames at Hilton Coliseum.

**IOWA STATE REQUIRES THE FOLLOWING INFORMATION FOR ALL CHEERLEADERS AND COACHES:  Name, grade, date of birth, address, and email. Please see registration form below.**

**What to bring and wear:** Coaches must be sure to bring medical form and ICCA release forms for each cheerleader.  Cheerleaders will need to wear shorts, 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 school uniforms with sleeves and bring 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 – 3:40 pm

Supper:  6:00 pm FULL UNIFORM PERFORMANCE READY @ Hilton Coliseum

Performance TBA @ Hilton Coliseum

Hope to see you there for this great experience. Registration opens APRIL 1st, 2019 and closes May 1st, 2019.

Send forms and fee to:

Sherrie Moritz

1340 4th Ave SE

LeMars, IOWA 51031

If you have further questions please contact: Sherrie Moritz rsasm@frontiernet.net OR [rsasm6@gmail.com](mailto:rsasm6@gmail.com).

MEDICAL TREATMENT AND RELEASE FORM

Information and Consent for Medical Treatment Form for Cheerleaders

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

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

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Name (Last, First, MI) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age \_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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).

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s/Guardian’s Signature Date

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

**REGISTRATION FORM MUST BE FILLED OUT IN COMPLETE FORM**

NAME GRADE DATE OF BIRTH ADDRESS EMAIL SHIIRT SIZE

COACH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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SCHOOL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

TOTAL ATTENDING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMOUNT DUE BY MAY 1st, 2019 ($20 per cheerleader/$10 coach)\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_