

**Squad Name:**

**Team Name if different:**

**Coach Name:**

**Coach Contact email:**

**Coach Contact Number:**

**Participants Name:**

**Competition Date:**

**Competition entered - please circle or highlight as appropriate:**

Nationals Northern Ireland Spring Schools Winter Championships

**Category entered - please circle or highlight as appropriate:**

Cheerleading Group Stunt Partner Stunt

Pom Dance Cheer Dance Street Cheer Freestyle

**Age group / Key stage (schools only) / level entered - please circle or highlight as appropriate:**

Tiny Teenies Teenies Junior A Junior B Senior Masters

Diddies Mini Peeps Peeps Unit Crew Masters

Level 1 Level 2 Level 3 Level 4 Level 5 Level 6

Schools KS 1 Schools KS 2 Schools KS 3 Schools KS 4 Schools KS 5

**Hard Medical Items** - *please describe*

**Any Previous Injuries -** *includes breaks, fractures, strains, sprains and bruising* ***-*** *please confirm name of Cheerleader and describe injury*

**Risk Assessment:**
I confirm that a full **Risk Assessment** has been carried out and all necessary precautions have/will be taken

to reduce the element of risk whilst …………………………………………………….…….. is participating in this event.

I confirm that all team members are aware of the risk and consent to perform with above named.

I accept responsibility for managing all risk and any injuries caused.

 **Signed Coach Name Date**