

MCCA GREAT MINNESOTA CHEER OFF

TEAM ROSTER

Submit ONE Roster for each team you are bringing
 Please list all coaches and team members attending, including alternates.

School Name: _____

Coach: _____

Coach: _____

Coach: _____

Coach: _____

Team Members: (Complete the GPA column for High School teams only)

Check the box if a waiver was already submitted for a prior MCCA event.

I confirm all students listed on this roster are part of the team. In the event any roster changes should occur I will notify the Cheer Off Director prior to the event.

 Coaches Signature

		<u>Name</u>		<u>Grade</u>	<u>Birth date</u>	<u>GPA</u>
1.	<input type="checkbox"/>	_____		_____	_____	_____
2.	<input type="checkbox"/>	_____		_____	_____	_____
3.	<input type="checkbox"/>	_____		_____	_____	_____
4.	<input type="checkbox"/>	_____		_____	_____	_____
5.	<input type="checkbox"/>	_____		_____	_____	_____
6.	<input type="checkbox"/>	_____		_____	_____	_____
7.	<input type="checkbox"/>	_____		_____	_____	_____
8.	<input type="checkbox"/>	_____		_____	_____	_____
9.	<input type="checkbox"/>	_____		_____	_____	_____
10.	<input type="checkbox"/>	_____		_____	_____	_____
11.	<input type="checkbox"/>	_____		_____	_____	_____
12.	<input type="checkbox"/>	_____		_____	_____	_____
13.	<input type="checkbox"/>	_____		_____	_____	_____
14.	<input type="checkbox"/>	_____		_____	_____	_____
15.	<input type="checkbox"/>	_____		_____	_____	_____
16.	<input type="checkbox"/>	_____		_____	_____	_____
17.	<input type="checkbox"/>	_____		_____	_____	_____
18.	<input type="checkbox"/>	_____		_____	_____	_____
19.	<input type="checkbox"/>	_____		_____	_____	_____
20.	<input type="checkbox"/>	_____		_____	_____	_____
21.	<input type="checkbox"/>	_____		_____	_____	_____
22.	<input type="checkbox"/>	_____		_____	_____	_____
23.	<input type="checkbox"/>	_____		_____	_____	_____
24.	<input type="checkbox"/>	_____		_____	_____	_____
25.	<input type="checkbox"/>	_____		_____	_____	_____
26.	<input type="checkbox"/>	_____		_____	_____	_____
27.	<input type="checkbox"/>	_____		_____	_____	_____
28.	<input type="checkbox"/>	_____		_____	_____	_____
29.	<input type="checkbox"/>	_____		_____	_____	_____
30.	<input type="checkbox"/>	_____		_____	_____	_____

Fill out an additional roster if you have more than 30 on your squad

MCCA REGISTRATION CHECKLIST

(Please include this sheet with your registration)

To assure that your registration is complete, please verify you have enclosed the following items and checked for completion. Please mail everything together at one time.

_____ **Copy of Registration Confirmation Received Via Email**

_____ **Payment made payable to MCCA**

**The check should be written for the amount indicated on your registration confirmation.

_____ **Team Roster**

- List all coaches, team members, alternates, and team managers
ALPHABETICALLY
- If you already submitted a waiver for a team member for a prior MCCA event, place a checkmark in the box.
- Please include the grade for all team members.
- Please include a birth date for all team members
- GPA's are optional for high school teams. This will enter your team for the RAH (Region Academic Honor) Award.

_____ **Did a Coach sign the Roster?**

_____ **Waivers for all team members and alternates must be submitted by September 23rd, 2017 to avoid a \$25 processing fee. Parents can complete the waiver online.**

*If for some reason you have an athlete that cannot complete the waiver online, please email state.mcca@gmail.com for the paper version which can be scanned and emailed to the same address.

_____ **Registration Checklist with Signature**

I have verified that everything has been completed fully and there should be no errors or items missing.

Signature _____