

# Lakeland Regional High School Cheerleading

Invites you to our Annual  
**HARVEST CLASSIC**

## **\*\*Spring Floor Event\*\***

To be held on **Sunday, November 19th, 2017** at  
**Lakeland Regional High School**  
205 Conklintown Road  
Wanaque, NJ 07465

### **ALL RECREATION, HIGH SCHOOL AND ALL STAR GROUPS**

Registration fee is **\$125.00** per squad if paid by **OCTOBER 29TH, 2017**.  
The fee will be **\$150.00** if postmarked after **October 30th, 2017**.  
**Deadline for entry will be on November 13, 2017.**

**All teams must provide a Certificate of Liability Insurance with their registration packet. The Certificate Of Insurance must name Lakeland Regional High School as the certificate holder and state that it is for the cheer competition held on November 19th, 2017.**

Please email your COI to [teodrm@optonline.net](mailto:teodrm@optonline.net) as soon as you have it.

Order of appearance will be determined by registration; first to register, last to compete. Coaches will be advised of Order of Appearance and Mat times by November 17th, 2017.

**Checks should be made payable to: Lakeland Guardian Angels**

**Return Registration and Payment to:**

**Denine O'Meara**  
**% Lakeland Guardian Angels**  
**267 Skyline Lakes Drive**  
**Ringwood, NJ 07456**

**For additional information please email: [teodrm@optonline.net](mailto:teodrm@optonline.net)**

Awards will be presented for each division: 1st, 2nd and 3rd with an "Overall" Grand Champion in each of the Recreation and High School Divisions.

#### **General Information**

- Open Tumbling prior to each division
- All squads will perform a cheer/dance routine.
- NFHS Rules
- 9 Panel Spring Floor
- Each routine will be limited to 2 minutes, 30 seconds
- Coaches to bring music cd to DJ for music check prior to start of competition
- **NO Glitter or confetti allowed in the gym**

- 2 Coaches per team admitted free of charge. (\$5.00 per additional coach)
- A coaches meeting will be held at 9:30 am the day of competition
- All medical consent forms and Certificate of Insurance naming **Lakeland Regional High School** as certificate holder must be received with registration packet.

Cheerleaders and Coaches may arrive for check-in at 8:00 am for morning session. Doors will open at 9:00 am for general admission. **All forms must be received before team check-in.**

High School teams may arrive at 11:30 am for afternoon session. All forms must be received before team check-in.

### **ADMISSION**

Adults	\$10.00 per person
Seniors	\$5.00 per person
10 and Under	\$5.00 per person

Food Concessions and Vendors available.

**On behalf of the Lakeland Guardian Angels, we thank you for your participation at our Annual Harvest Classic.**

**Thank you for supporting our cheerleaders**

# HARVEST CLASSIC

**Team Registration Information:**

**ORGANIZATION:** \_\_\_\_\_

TEAM COLORS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

**Recreation (Please indicate number of athletes):**

Novice (Grade 1-2) \_\_\_\_\_

Pee Wee (Grade 3-4) \_\_\_\_\_

Junior (Grade 5-6) \_\_\_\_\_

Senior (Grade 7-8) \_\_\_\_\_

**High School JV** (Please indicate number of athletes): \_\_\_\_\_

**Varsity:** Small (up to 12) \_\_\_\_\_ Med (13-16) \_\_\_\_\_ Large (17-20) \_\_\_\_\_ Super (21+) \_\_\_\_\_

TOTAL MONEY DUE: \_\_\_\_\_ On or Before October 29, 2017 (\$125.00)

\_\_\_\_\_ On or After October 30, 2017 (150.00)

\_\_\_\_\_ High School Teams (\$100.00)

All Checks Made Payable to:

Lakeland Guardian Angels  
(include this form with payment)

Denine O'Meara  
% Lakeland Guardian Angels  
267 Skyline Lakes Drive  
Ringwood, NJ 07456

Email: teodrm@optonline.net

# Lakeland Regional High School Cheerleading

## HARVEST CLASSIC CHEERLEADING COMPETITION MEDICAL CONSENT AND WAIVER FORM

TEAM/ORGANIZATION: \_\_\_\_\_

CHEERLEADER NAME: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ POLICY #: \_\_\_\_\_

MEDICAL CONDITIONS (ALLERGIES, HEART CONDITIONS, ETC.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CONSENT

I, \_\_\_\_\_, give my child, \_\_\_\_\_, permission to participate in the Lakeland Regional High School Harvest Classic cheerleading competition. I am aware of the obvious risks involved in the sport of cheerleading. I realize that all necessary precautions will be taken to prevent injury. I give my consent that if an accident should occur, my child will be taken to a medical facility and treated, if necessary. I realize I am responsible for payment of expenses incurred relating to my child's medical treatment. I agree to hold harmless Lakeland High School Board of Education and Lakeland Regional High School and all associated officers and staff for any injury sustained as a result of my child's participation in the competition.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date