



COMPETITIVE CHEER TEAM

Participants will learn cheers, chants, learn tumbling, dances and compete in three local competitions.

ELIGIBLE: Children ages 5 through 16 who reside in the Village of Briarcliff Manor (VBMR) and Briarcliff Manor School District (BMSD). Non-residents (NONR) are welcome to join!

DAY & DATES: Twice a week practices Tuesdays & Thursdays From December 5th to January 30th with three competitions (January 6 @ Yorktown HS, January 13 @ Mahopac HS and January 20 @ Briarcliff HS)
 End of season celebration and show case Wednesday, February 7th with the Varsity Cheer Team at their Nationals send off!

& TIMES: 7:30 pm – 8:30 pm

LOCATION: Briarcliff High School Gym

FEE: \$1,300.00- Village residents (VBMR) \$1,400.00 – Non-resident (BMSD/NONR)
 Includes: Practices, 3 Competitions, Team Bag, full uniform, cheer sneakers, Team Sweatshirt/jacket, pom poms, & tumbling instruction.

DEADLINE: Friday, December 1st at 4 p.m. **Must have 20 participants for program to run.**

NOTE:

- * Please wear gym attire, must wear sneakers and bring a water bottle.
- Per National Federation rules, NO jewelry allowed. Earrings **must** come out for all practices and competitions.
- Questions can be directed directly to: Meghanvlad94@gmail.com

REGISTRATION: Registration begins Monday, November 6th at 9 a.m. Registration may be done online* from any device, in person (at the Recreation Office, 3 Library Rd) or by using the drop box outside the WJV Community Center, 3 Library Road. Space for all programs is limited and will be handled on a first come first served basis. In person and online registration will occur simultaneously. The drop box will be processed with the days' mail. *In order to register online you must have or create an account for your household through our Registration software, CivicRec.

Competitive Cheer Team – Winter 2023-2024

Fees: \$1,300.00 – Village of Briarcliff Residents \$1,400.00 - Non-resident (BMSD/NONR)

NAME: _____ GRADE: _____ DOB: _____

ADDRESS: _____

MEDICAL CONCERNS: _____ PARENT CELL #: _____

The undersigned hereby recognizes that there are inherent risks involved with participation in this program and agrees to release and hold harmless the Village of Briarcliff Manor, its employees, contractors and volunteers, of any liability whatsoever in connection with any damages and/or injuries that the above named person may sustain as a result of participation. If medical emergency arises, instructors will call 911. I give permission for my child to be transported to hospital and necessary treatment provided by hospital medical staff. I have read and fully understand the above acknowledgement of risk, release / indemnification and covenant not to sue. I have signed this document of my own free will, and agree to the terms outlined herein.

E-Mail Address: _____
 (For receipt/notification purposes only) Signature of Participant (or Parent/Guardian)

METHOD OF PAYMENT: CASH CHECK # _____ CREDIT CARD **

Checks payable to: **Village of Briarcliff Manor** (\$20 fee for returned checks). ** Credit Card usage will incur a 3% fee or a \$2 minimum fee

DATE: _____ **AMOUNT:** _____ **RECEIPT#:** _____