



School Squad Registration Form

School/Squad Name _____
 School/Squad Phone Number (____) _____
 Address _____
 City _____ State _____ Zip _____
 Coach/Advisor _____
 Coach's Phone Number _____ FAX _____
 Coach's E-mail Address _____
 Assistant Coach _____
 Assistant Coach's Phone Number _____

Divisions: (Check one) Please indicate the number of members on each team

Recreation League Division

____ Peewee 2nd grade & under or 85#
 ____ Youth 4th grade & under or 100#
 ____ Minor 6th grade & under or 115#
 ____ Junior 9th grade & under or 135#

Other Recreation League Division

Middle/Junior High Division

____ 7th grade Basketball Squad
 ____ 7th grade Football/Competition Squad (or both)
 ____ 8th grade Basketball Squad
 ____ 8th grade Football

Other Middle School Division

Other

High School Division

____ Freshman Basketball ____ Freshman Football
 ____ J.V. Basketball ____ J.V. Football
 ____ Varsity Basketball ____ Varsity Football ____ Varsity Competition

****Practices are scheduled for 1 1/2 hours unless otherwise indicated.**

Number of members _____ X \$50.00 per member

Total Amount Enclosed \$ _____

Please enclose full deposit amount to secure your gym space and or coaching time.

Make checks payable to: **SCA.**

Letter of Commitment

I _____ am serving as the official representative for the _____.

I authorize that the above team has agreed to use SCA for its squad coaching for the year _____. I understand that there is a one month (full team) non-refundable deposit that may be used toward the first month of squad tuition fee. In the event that our team releases the scheduled day/time, we will forfeit the full team deposit. **SCA agrees to provide squad/team cheerleading coaching and or gym space for the afore mentioned team at the day(s) and time(s) listed on this page.**

DAY (s) of the WEEK _____ TIME FROM _____ TO _____

Start Date: ____/____/____ End Date: ____/____/____

Team may elect to continue with conditioning and tryout preparation into the winter months as requested by sponsor.

Please Print Name _____

Team Representative (Coach/Sponsor)

_____/____/____
 Team Representative SIGNATURE DATE

_____/____/____
 SCA Representative SIGNATURE DATE