

2021 MCCA State Cheerleading Competition

SCHOOL TEAM ROSTER

Submit ONE Roster for each team performance you are bringing

Please list ALPHABETICALLY all coaches and team members attending, including alternates and team managers.

Team Name: _____

Coach: _____ Coach: _____

Coach: _____ Coach: _____

Coach: _____ Coach: _____

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

	<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"/>	_____	_____	_____
31.	_____	<input type="checkbox"/>	_____	_____	_____
32.	_____	<input type="checkbox"/>	_____	_____	_____

Alternates:

1.	_____	<input type="checkbox"/>	_____	_____
2.	_____	<input type="checkbox"/>	_____	_____
3.	_____	<input type="checkbox"/>	_____	_____
4.	_____	<input type="checkbox"/>	_____	_____
5.	_____	<input type="checkbox"/>	_____	_____

Proof of School Affiliation

This cheerleading team represents

School Name

I confirm all students listed on this roster are enrolled in this school and are eligible under MSHSL rules to participate in extracurricular activities. I approve the team's participation in the MCCA State Cheerleading Competition, which is following the rules of AACCA. In addition, our school has confirmed that the team is covered by a liability/catastrophic injury insurance policy of the school district or cheer program.

Signature of Principal, Athletic Director, or Community Ed Director Required:

Name

Date

Title: _____

Telephone Number:

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 Competition Director prior to the event.

Coaches Signature

Team Manager(s)

MCCA REGISTRATION CHECKLIST

To assure that your registration is complete, please verify you have done the following items and checked for completion on our website.

_____ **Did you receive your Registration Confirmation Via Email?**

_____ **Payment made payable to MCCA**

**Unless paid directly online, the check should be written for the amount indicated on your registration confirmation and mailed to MCCA, PO Box 241481 Apple Valley, MN 55124. Please send a copy of the registration conformation with payment.

_____ **Team Roster: Must be submitted by February 6th, 2021 to avoid a \$25 processing fee**

**Scan and email to state.mcca@gmail.com

- List all coaches, team members, alternates, and team managers
ALPHABETICALLY
- 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 the Principal, Athletic Director, or Community Ed Director Sign the Roster?**

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

_____ **Waivers for all team members and alternates must be submitted by February 6th, 2021 to avoid a \$25 processing fee. Parents should 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.

_____ **Team Picture Submitted (Send to photos.mcca@gmail.com by 2/6/21)**

_____ **Music Information Form and supporting documents (Send to music.mcca@gmail.com by 2/6/21)**

_____ **Proof of Coaches Certification (Send to state.mcca@gmail.com by 2/6/21)**