



The 2020 SCHSL GAME DAY INVITATIONAL is only a few weeks away and we are thrilled that you have decided to be a part of this year's event in Aiken! This is the final information packet you will receive before your arrival for the invitational. Please read all of the information carefully, and be sure to pass along to all administrators, parents, spectators, bus drivers, and any other group members who will be attending the event. This will help ensure that everyone is informed as to all aspects of the event.

All SCHSL competition information, rules & score sheets are located on the following website: <http://schsl.org/index.php/game-day/>

Most of the questions you may have can be answered in this information.

Enclosed in this final packet you will find information regarding:

- Event Check-in
- General Policies and Forms
- Performance and Practice Areas
- Scores and Awards
- Maps and Extras

If you have any questions prior to the competition, you may also contact our Customer Service at 800.622.2946 x1226. Customer Service is open Monday through Friday from 8:00 AM to 5:00 PM CST.

For any changes in your registration, including the addition or reduction in numbers, please submit those changes in writing to your Registrations Director listed below.

We look forward to seeing you and your team in Aiken!

Sherry Cooney
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COACHES PACKET
SCHSL GAME DAY INVITATIONAL
January 25, 2020

CHAMPIONSHIP LOCATION

USC Aiken Convention Center
2049 Champion Way
Graniteville, SC 29829
803-641-3587

EVENT CHECK-IN

A representative from each team must check-in at the Event Information Area prior to your team's first performance. Registration will be located **in the lobby by the north stairwell** and will begin at 8:00 AM on January 25th. All forms must be turned in prior to your first scheduled practice. Teams not turning these forms in will not be allowed to practice or compete. Coaches will also receive their credentials and most updated performance order.

- Participant Release Form
- Adult Release Form
- Proof of Music Licensing (no form)

SCHSL PASS GATE

SCHSL Pass Gate for pass holders will be located on the north side of the lobby next to team registration.

EVENT TICKET PRICES

Adult:	\$10.00
Pre K and younger	FREE

EVENT PARKING

\$5 per car
Team Busses will be FREE



SCHEDULE, PRACTICE AND MUSIC

PERFORMANCE ORDER

The most updated schedule link has been included on the SCHSL website below.

<http://schsl.org/index.php/game-day/>

The performance order will be updated should any changes occur.

PERFORMANCE AREAS

All teams will compete on a 42' deep x 42' wide carpeted floor. Only soft-soled tennis shoes will be allowed on the performance surface

DRESSING ROOMS AND PERSONAL BELONGINGS

SCHSL and Varsity accepts no responsibility for lost or stolen items. We recommend that each team designate someone to keep an eye on its possessions.

PRACTICE AREAS

Check-in time for practice is located on the right hand of your performance order. Your practice check-in time will be approximately 20 minutes prior to your performance time in the North Side Practice Gym. From the practice area, you will move to the "On Deck" area to prepare for your routine. If you miss your practice time, you will not be guaranteed another opportunity to practice in the designated area. Only team members and Coaches may enter the practice area. **Family members and spectators will not be admitted to the practice area.** A high-quality sound system will be provided for teams with music on mp3 or CD.

PERFORMANCE MUSIC

All teams will either need to supply their music on an iPod / MP3 music player or a CD. We recommend MP3 music players as this is in a digital format.

iPod / MP3 MUSIC OPTION – You will be able to plug your iPod / MP3 player in directly to the sound system to play your routine music. You will be provided the necessary cables. Be sure to follow these steps below prior to your performance:

- ☐ Set up a playlist for each routine
- ☐ Turn OFF any equalizer, sound check, notifications, and/or volume limit
- ☐ Turn your volume up to 100%
- ☐ If using a phone, make sure it is in airplane mode to avoid incoming calls during performance

MUSIC PROOF OF LICENSING

- Teams must be able to provide proof of licensing, in the form of a printed copy, during registration at the event they are attending. This may include:
 - Proof of purchase from a preferred provider
 - If using a single song, receipt from purchase of single song
 - If using an editor, the editor does not have to be a preferred provider; however, they must be able to provide you with proof of purchase from a preferred provider and proof of licensing for all sound effects and voiceovers included in the mix
 - If using a non-commercial music provider, documentation that assigns all applicable rights to the team
- If a team does not have the required paperwork, they will be given the option to count the routine verbally or perform to an approved track of music or a track with counts (provided by Varsity Spirit).
- If a team does not have the required paperwork and chooses not to count the routine verbally or perform to the approved track of music or a track with counts, the team will be disqualified from the competition and not be allowed to perform.



SCORESHEETS, AWARDS & PHOTO

SCORE SHEETS

Score sheets from the preliminary competition will be available after your division has concluded and may be picked up at Registration located in the Lobby. Finals score sheets will be distributed following completion of the competition.

Only one coach per team should come to Event Information to pick up and sign for their team's score sheets. Rankings will be posted on the SCHSL website following the event.

To view the event overview and score sheets, please click on the below link:

<http://schsl.org/index.php/game-day/>

AWARDS

- ☐ Preliminary scores will be used to award best of category for each of the three preliminary categories. Winners will be separated by division.
- ☐ Finals winners will be awarded a championship trophy.

NO TELEPHOTO/ZOOM LENSES ALLOWED

Because we take the safety and security of our participants seriously, our policy is to protect your privacy and that of all participants. Still cameras with telephoto or zoom lenses will not be allowed during performances by unauthorized personnel/officials.

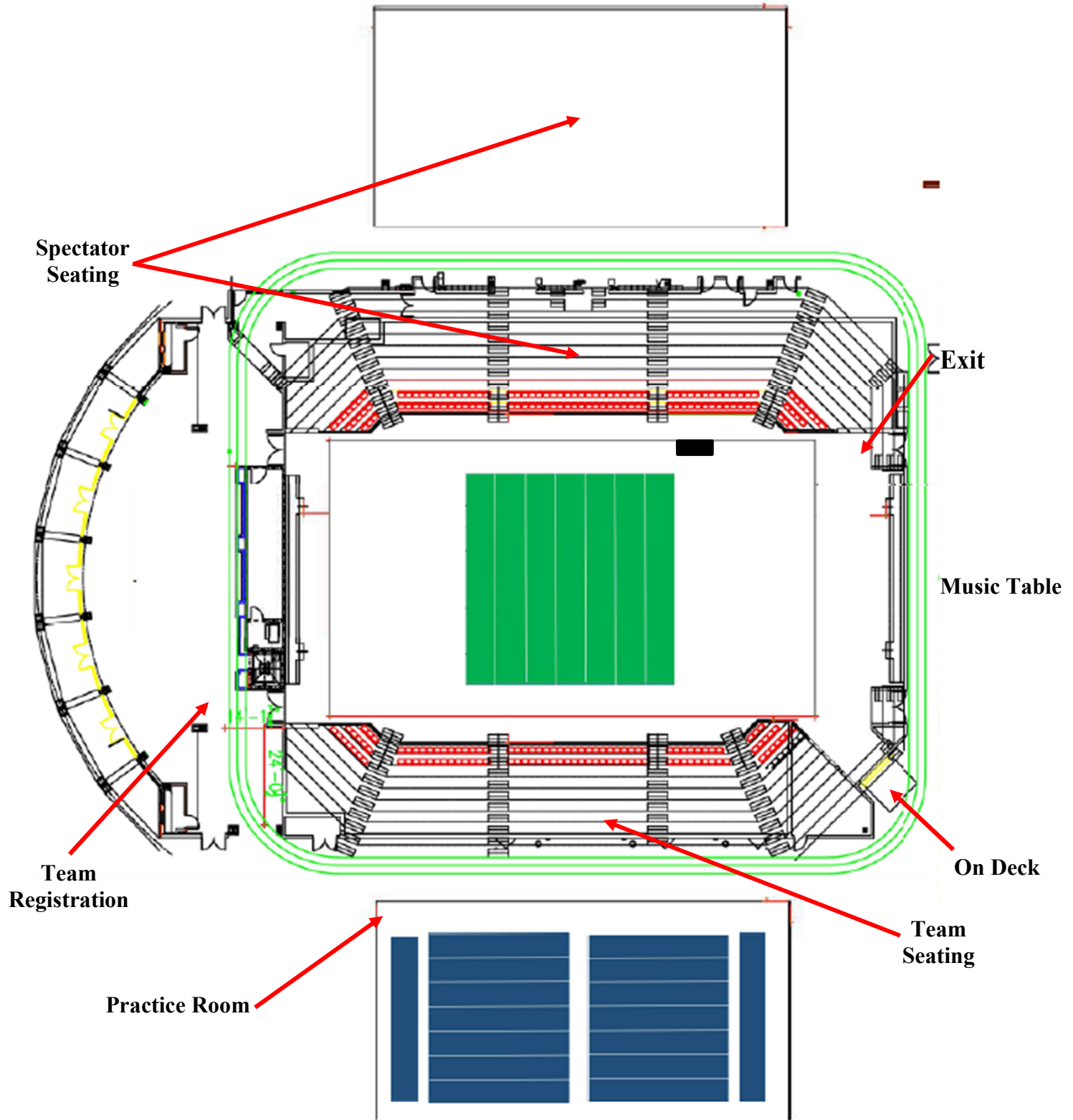
OVERVIEW MAP



Tickets

Spectator Entrance

**Team Entrance/
Registration**



Varsity Spirit Championship Release & Waiver Form – Participant

Every Participant must have a completed and signed release form to turn in at registration in order to participate. ALL areas must be completed. **Please photocopy and distribute to each person attending the event.**

Coach must retain a photocopy of each completed form for your records and keep them with the team throughout the event.

Minor's Name	Name of Parent / Legal Guardian	<u>SCHSL State Championship</u> Name of Event Aiken, SC
Address	School Name	City, State of Event
City, State & Zip	School Address	January 25, 2020 Event Dates
() Phone Number	School City, State & Zip	
Participant Email Address	() School Phone Number	Parent / Legal Guardian Email Address

Liability Release. For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I _____, as parent or legal guardian of _____, a minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in the above Event to be conducted by Varsity Spirit, LLC. ("Varsity"), d / b / a National Cheerleaders Association ("NCA") and/or d / b / a Universal Cheerleaders Association ("UCA"). I, in my own behalf and on behalf of the Minor, further agree to release and to hold harmless Varsity, the Hosting site, (university, hotel, convention center, high school) on whose premises the Event will occur (hereinafter the "Location") the affiliates of Varsity and the Location, and the respective directors, officers, representatives, members, agents and employees of Varsity, Sponsors, the Location and their respective affiliates (hereinafter collectively "Releasees") from any and all liability whether caused by negligence of the Releasees or otherwise for any claim judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Event, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and / or death) that the Minor may incur or sustain during the Event, all activities associated with the Event and while traveling to and from the site for the Event whether or not the Event actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other persons on the account of damages of any character resulting to Minor in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss, or costs Releasees may have to pay as a result of any such action, claim, or demand.

I, in my own behalf and on behalf of the Minor, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of the Minor, am aware that this Liability Release releases Releasees from liability and contains an acknowledgment of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of the minor, further acknowledge that nothing in this Liability Release constitutes a guarantee that the Event will occur. I, in my own behalf and on behalf of the Minor, have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian: X _____ **Date:** _____

Supervision: A chaperone/Adult (age 21 and over) is required to attend with participants. This Chaperone will be responsible for the participants at all times. Varsity Spirit, LLC d/b/a/ UCA and/or NCA are not responsible for participants' supervision..

Medical Release. I, in my own behalf and on behalf of the minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/ or death) and that I, in my own behalf and on behalf of the Minor, acknowledge that the Minor is assuming the risk of such illness or injury by participating in the Event. In the event of such illness or injury, I authorize Varsity to obtain necessary medical treatment of the minor and hereby, in my own behalf and on behalf of the Minor, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the Minor for any illness or injury that the Minor may sustain during the Event and while traveling to and from the site for the Event whether or not the Event actually occurs.

I, in my own behalf and on behalf of the Minor, hereby warrant that I have read this Participant Release and Waiver Form in its entirety and fully understand its contents. I, in my own behalf and on behalf of the Minor, am aware that this Participant Release and Waiver Form releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of the minor, further acknowledge that nothing in this Participant Release and Waiver Form constitutes a guarantee that the Event will occur. I, in my own behalf and on behalf of the Minor, have signed this document voluntarily and of my own free will. Minor and I understand that Sponsors may distribute samples of their products at the event.

Signature of Parent or Legal Guardian: X _____ **Date:** _____

Relationship to Minor: _____

Witness Signature: _____ Date _____ Minor Birthdate: _____

Witness Address: _____

VARSITY SPIRIT CHAMPIONSHIP RELEASE & WAIVER FORM – ADULT/COACH

Every Advisor/Coach/Chaperone must turn in this completed and signed form at the designated check-in/registration area. ALL areas must be completed. ***Please photocopy and distribute to each adult attending the event.***

Coach must retain a photocopy of each completed form for his/her records.

Name	School Name	Name of Event
Address	School Address	City, State of Event
City, State & Zip	School City, State & Zip	Event Dates
() Phone Number	() School Phone Number	<input type="checkbox"/> Check here if you are the Advisor/Coach
Email Address	Are you employed by the school or school district? Yes No	<input type="checkbox"/> Check if you are a Chaperone
		Are you over 21 years of age? Yes No

Liability Release. For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I agree to participate in the above Event to be conducted by Varsity Spirit, LLC. ("Varsity"), d / b / a National Cheerleaders Association ("NCA") and/or d / b / a Universal Cheerleaders Association ("UCA"). I further agree to release and to hold harmless Varsity, the Hosting site (university, hotel, convention center, high school) on whose premises the Event will occur (hereinafter the "Location") the affiliates of Varsity, the Location, and the respective directors, officers, representatives, members, agents and employees of Varsity Spirit, Sponsors, the Location and their respective affiliates (hereinafter collectively "Releasees") from any and all liability whether caused by negligence of the Releasees or otherwise for any other claim judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Event, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and / or death) that I may incur or sustain during the Event, all activities associated with the Event and while traveling to and from the site for the Event whether or not the Event actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by me or by any other persons on the account of damages of any character resulting to me in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss, or costs Releasees may have to pay as a result of any such action, claim, or demand.

Signature : _____ **Date:** _____

Medical Release. I acknowledge and agree that such participation subjects me to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I acknowledge that I am assuming the risk of such illness or injury by participating in the Event. In the event of such illness or injury, I authorize Varsity to obtain necessary medical treatment for me and hereby release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred by me for any illness or injury that I may sustain during the Event and while traveling to and from the site for the Event whether or not the Event actually occurs.

Supervision. A Chaperone/Adult (age 21 or over) is required to attend with participants. This Chaperone will be responsible for the participants at all times including but not limited to swimming, beach activity, cheer/dance practice outside of competition and free time at event site or hotel. Varsity Spirit d / b / a NCA and / or NDA is not responsible for participants' supervision.

I hereby warrant that I have read this Adult Release and Waiver Form in its entirety and fully understand its contents. I am aware that this Adult Release and Waiver Form releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness, acknowledge that nothing in this Adult Release and Waiver Form constitutes a guarantee that the Event will occur and have signed this document voluntarily and of my own free will. I understand that Sponsors may distribute samples of their products at the event.

Signature of Adult: _____ **Date:** _____

Witness Signature: _____ **Date:** _____

Witness Address: _____