****

**Team Name:**

**Coach Name:**

**Coach Contact email:**

**Coach Contact Number:**

**Participants Name:**

**Competition Date:**

**Competition entered – SOUTH WEST CHEERLEADING CHAMPIONSHIPS**

**Category entered - please circle or highlight as appropriate:**

Cheerleading Pom Dance Display Group Stunt Partner Stunt

If you have circled display please note the Category and division here..............................................................

**Age group / level entered - please circle or highlight as appropriate:**

Tiny Teenies Teenies Junior A Junior B Senior Masters

Level 1 Level 2 Level 3 Level 4 Level 5 Level 6

Low Level (if Pom Competition) High level (if Pom Competition)

**Hard Medical Items** - *please describe*

**Any Previous Injuries -** *includes breaks, fractures, strains, sprains, etc.* ***-*** *please confirm name of Cheerleader and describe injury*

**Risk Assessment:**
I confirm that a full **Risk Assessment** has been carried out and all necessary precautions have/will be taken

to reduce the element of risk whilst …………………………………………………….…….. is participating in this event.

I confirm that all team members are aware of the risk and consent to perform with above named.

I accept responsibility for managing all risk and any injuries caused.

 **Signed Coach Name Date**