

UHA Dance & Step Show Jamboree

Team Registration Form

December 22nd, 2019

High School, Middle School/ Community Step Teams, Fraternities
& Sororities and Churches

Thank you for your interest in the Jamboree Showcase,

Saturday December 22nd, 2019 at Oakland Charter Academy in Oakland, California.

Attached is the form teams need to complete and sign in order to participate in the Dance & Step Jamboree Showcase. All documents must be submitted by December 15th 2019.

Important Rules and Regulations:

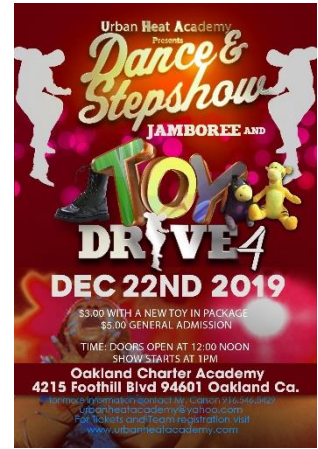
1. Your routine cannot be longer than 7 minutes. If ANY team is going to have props, you MUST let us know as it will have to be approved.
2. We encourage teams and coaches to create copy the flyer and post it on their campus to get your school involved in supporting your step team!

3. No Foul Language or obscene gestures. Teams must represent who they are and what key principals that they stand on.

Remember: This event will be held indoors on the Auditorium stage!

The deadline to mail/email registration materials, **due by Dec 15th 2019.** Any and all donations may be in the form of a Money Order or Certified Check and payable to Urban Heat Academy on the day of the event. You can also send donations **to P.O Box 1172, Alameda CA 94501.**

- All Names MUST match the deposit. If you want to add more deposit as a reserve you definitely can.



Urban Heat Academy

(Please Print Clearly in Blue or Black ink only)
Parent Consent Form

Students Name _____ School: _____

Student's Date of Birth _____ Grade: _____

Parent Signature: _____ Parent Name _____

Address: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

EMERGENCY CONTACT:

NAME: _____ **RELATIONSHIP:** _____

NUMBER: (____) _____ - _____

**AT OUR DISCRETION, IN THE EVENT OF AN EMERGENCY IF THE PARENT OR
EMERGENCY CONTACT CANNOT BE REACHED WE WILL CONTACT AN AMBULANCE.**

www.urbanheatacademy.com

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Urban Heat Academy

Presents

Team Registration

Team Name: _____

Coach: _____

Team Members:

1. _____ **2.** _____

3. _____ **4.** _____

5. _____ **6.** _____

7. _____ **8.** _____

9. _____ **10.** _____

11. _____ **12.** _____

13. _____ **14.** _____

15. _____ **16.** _____

17. _____ **18.** _____

19. _____ **20.** _____

JAMBOREE AND

DRIVE 4

DEC 22ND 2019

Please email Registration to Urbanheatacademy@yahoo.com

TIME: DOORS OPEN AT 12:00 NOON
SHOW STARTS AT 1PM

Oakland Charter Academy
4215 Foothill Blvd 94601 Oakland Ca.

For more information contact Mr. Carson 916.546.5429

urbanheatacademy@yahoo.com

For Tickets and Team registration visit

www.urbanheatacademy.com

Urban Heat Academy P.O. Box 1172, Alameda, CA. 94501 Phone: (916) 546-5429:

<http://www.urbanheatacademy@yahoo.com>

MEDICAL RELEASE

Participant's Name; _____ Date of Birth; ___/___/___
Address; _____ City: _____
_____ State; _____ Zip; _____

EMERGENCY INFORMATION (Please include Area Code)

Father's Name; _____ Mother's Name _____
Father's Home Phone; (____) _____ Mother's Home Phone(____) _____
Father's Work Phone: (____) _____ Mother's Work Phone; (____) _____
Father's Cell Phone: (____) _____ Mother's Work Phone; (____) _____
Father's E-mail; _____ Mother's Email _____

In an Emergency, when parents cannot be reached, please Contact: Name:

_____ Relationship: _____ Home Phone: _____
(____) _____ Work Phone;(____) _____

Name: _____ Relationship: _____ Home Phone: _____
Phone: (____) _____ Work Phone;(____) _____

Allergies _____ Other Medical Conditions: _____

Participants Physician: _____
Work Phone;(____) _____ 2nd Phone;(____) _____ Medical
and/or Hospital Insurance Company: _____ Policy
Holder: _____ Policy# _____ Group# _____

PARENT'S APPROVAL AND MEDICAL RELEASE Recognizing the possibility of physical injuries associated with performing arts & sports and in consideration for the Urban Heat Academy Youth program and its affiliates accepting the registrant for its programs and activities ("the Program"), I hereby release, discharge and /or otherwise indemnify UHA, its affiliated organizations and sponsors, their employees and associated personnel, including the owner of the fields & Facilities utilized for the programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same which transportation I hereby authorize.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

Signature of Parent/Guardian

Date