



# American SR & JR Dance Competition



## APRIL 3, 2010

## @ American Airlines Center

It's back! The annual American Dance Competition held at the American Airlines Center. **The GRAND PRIZE Sr. WINNER of the competition will be the featured halftime @ the Dallas Mavericks vs. Oklahoma City game that night. The GRAND PRIZE Jr. WINNER of the competition will be featured during the Pregame Program (2 1/2 min performance). Tip off of game will be at 7:30pm.**



### Registration:

PART 1 - Each team will be allowed to compete in all team, officer, ensemble and solos events and can register that event through the American Dance/Drill Team® web site. <http://www.DanceADTS.com>. All awards will be presented at the awards ceremony that day. **Deadline for game ticket registration will be February 19, 2010.**

PART 2 - Each team that registers is required to purchase a participant entry fee of \$25/\$37\* per person. Please submit all participant entry fees to the Dallas Mavericks Office (see below). Each participant entry will receive a ticket to the game that night

and a complimentary t-shirt. One director per team will receive a complimentary game ticket and t-shirt. **Payment for entry fees (Mavericks) and team entry (ADTS) must be received in advance to be included on the schedule.**

**Deadline for registration will be February 19, 2010**

- Entry fee inventory is limited game inventory and will be available on a first come/first serve basis.
- \*Once the \$25 entry fees are sold out, the next level will be \$37 entry fees.

### Team Routines:

All routines will be performed on the main arena floor. Time limit for entering the floor, performance and exit must be no longer than 4 minutes for teams and 2 1/2 min for solos. Your music must be a **single song on a CD ONLY (no cassettes)** with your team name and time length. **Please bring a back up CD.** No large backdrops or staging will be allowed onto the floor. **No hard soled shoes or character shoes, bare feet or tap shoes will be allowed on the floor.** Pom poms are allowed for the competition, however, winners will **NOT** be allowed to use during Maverick game performance; any questions about props or shoes, please contact Elizabeth Ramsey @ 214-658-7110.

## Participant Registration

Team Name \_\_\_\_\_ Director \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_  
 Daytime phone \_\_\_\_\_ / \_\_\_\_\_ Cell Phone \_\_\_\_\_ / \_\_\_\_\_  
 I will need # \_\_\_\_\_ tickets for my team. # \_\_\_\_\_ x \$25/\$37 = \$ \_\_\_\_\_  
 I will need # \_\_\_\_\_ tickets for my parents and chaperones # \_\_\_\_\_ x \$25/\$37 = \$ \_\_\_\_\_  
 # 1 One complimentary director ticket \*\* 1 ticket x \$0 = \$ \_\_\_\_\_ \$0  
**Total owed to the Mavericks (\*\*includes 1 free director ticket) = \$ \_\_\_\_\_**  
 T-shirt sizes: # \_\_\_\_\_ Youth Lg # \_\_\_\_\_ Adult Sm # \_\_\_\_\_ Adult Medium # \_\_\_\_\_ Adult Lg # \_\_\_\_\_ Adult XL  
 \_\_\_\_\_ Check enclosed or \_\_\_\_\_ Credit Card \_\_\_\_\_ AmEx \_\_\_\_\_ Mastercard \_\_\_\_\_ Visa  
 # \_\_\_\_\_ Exp. Date \_\_\_\_\_ / \_\_\_\_\_ Name on card \_\_\_\_\_

\*\*\*\* DEADLINE IS FEBRUARY 19, 2010 \*\*\*\*

If paying by credit card, fax this form to 214/658-7137 (Attn: Elizabeth Ramsey).

**Questions? Call Elizabeth Carroll-Ramsey @ 214/658-7110 or [ec.ramsey@dallasmavs.com](mailto:ec.ramsey@dallasmavs.com)**

If paying by check send to: Attn: Elizabeth Ramsey ♦ Dallas Mavericks ♦ 2909 Taylor St. ♦ Dallas 75226

**Please use the American Dance/Drill Team registration for your team entry and send directly to ADTS.**

**All participants MUST purchase a game ticket in order to enter the competition.**

**ATTENTION DIRECTORS, please have each participant sign waiver and mail all completed waivers to Elizabeth Ramsey at Mavs office by February 19, 2010. Name Must Be Printed On First Line Below – Even for Minors**

**WAIVER AND MEDICAL RELEASE**

I, \_\_\_\_\_, wish to voluntarily participate in various athletic, sports and entertainment activities, and /or obtain use of the Dallas Mavericks’ practice court and/or the main basketball floor, located within the American Airlines Center and involving other such activities held in conjunction with or considered a part of such activities and uses (all collectively referred to herein as the “Activities”), realizing that injuries and accidents sometimes result. **In consideration of the opportunity to participate in the Activities or otherwise use the Dallas Mavericks’ practice court and/or the main basketball floor located within the American Airlines Center, I, on behalf of myself, my parents and my family, and all of our agents, personal representatives, next of kin, heirs, successors and assigns, and/or any other person or entity affiliated therewith (the “Waiving Parties”), do hereby expressly and knowingly assume all risk of injury and do hereby expressly agree to forever discharge, release, defend, indemnify and hold harmless Dallas Basketball Limited d/b/a Dallas Mavericks (the “Dallas Mavericks”), the American Airlines Center, Center Operating Company, and/or all of their present and future officers, directors, members, managers, partners, employees, shareholders, stakeholders, agents, representatives, corporate affiliates, instructors, successors and assigns, other participants, owners and lessors of any premises used to conduct the Activities, the City of Dallas, the National Basketball Association (the “NBA”) and any of its affiliates and subsidiaries jointly and severally (all collectively referred to herein as the “Releasees”) from and against all loss, liability, obligation, damage, cost, demand, suit, action, judgment or expense whatsoever (including reasonable attorneys fees and court costs), whether known or unknown, accrued or contingent, that the undersigned may have or contend to have on account of any injury, including permanent disability, death or damage to property, caused by or alleged to be caused in whole or in part as a result of participation in the Activities, including all claims arising out of negligence of Releasees or otherwise.** I further authorize Releasees to obtain emergency medical treatment for me, including, if necessary, surgical procedures, if I am injured while participating in the Activities and, after reasonable attempts under the circumstances, Releasees are unable to contact a parent or legal guardian. All Waiving Parties understand that Releasees may not be able to contact a parent or legal guardian under emergency circumstances. With my signature below, I expressly declare that I have carefully read this WAIVER AND MEDICAL RELEASE and fully agree to its content and meaning.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Phone Number and Comments: \_\_\_\_\_

**FOR PARTICIPANTS UNDER AGE 18**

This is to certify that I, as parent or guardian with legal responsibility for the above participant, do hereby expressly consent and agree, on behalf of myself and all the above Waiving Parties, to my minor child’s WAIVER AND MEDICAL RELEASE as provided above for all the Releasees of and from any and all loss, liability, obligation, damage, cost, demand, suit, action, judgment or expense whatsoever (including reasonable attorneys fees and court costs), whether now known or unknown, accrued or contingent, with respect to any matter pertaining to or arising out of my child’s participation in the Activities, including any medical treatment obtained by the Releasees on my child’s behalf for injuries arising out of my child’s participation in the Activities, whether caused by or alleged to have been caused by, in whole or in part, the negligence of Releasees. I further authorize Releasees to obtain emergency medical treatment for my child, including, if necessary, surgical procedures, if my child is injured while participating in the Activities and, after reasonable attempts under the circumstances, Releasees are unable to contact me. All Waiving Parties understand that Releasees may not be able to contact a parent or legal guardian under emergency circumstances.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Phone Number And Comments: \_\_\_\_\_