



2002 AAU JUNIOR OLYMPIC GAMES
Dance - DanceSport and Salsa
INDIVIDUAL ATHLETE ENTRY FORM



ENTRY INSTRUCTIONS

ENTRY DEADLINE: Received by Wednesday, July 10, 2002. Late entries will not be accepted. Guaranteed overnight delivery is highly recommended to meet deadline dates.

Event registration is a 2 part process. Please send the correct forms to the following addresses.

Step 1 - Send the following:

- 1. DanceSport - Salsa Entry Form,**
- 2. Signed Athlete Waiver** for each athlete,
- 3. Copy of Birth Certificates** for each athlete.
- 4. Coach Entry Form.** One coach credential will be provided for each Medium Group. Two coaches' credentials will be provided per each Large Group. Coaches must complete the Coach Entry Form. Any additional coaches will be required to pay the \$29 Coaches Entry Fee.
- 5. Correct Entry Fee for DanceSport-Salsa**
Couples and School Figures - \$100 per person for up to 5 dances in the DanceSport-Salsa Division.
Group/Team Competitions - \$20 per person per routine.

All fees are non-refundable. No personal checks accepted.

Please send **ONLY** money orders or certified checks made payable to:

2002 AAU Junior Olympic Games.

Mailing Address:

Greater Knoxville Sports Corporation
900 E Hill Avenue, Suite 390
Knoxville, Tennessee 37915

STEP 2 - Send the following:

- 1. A copy of each DanceSport - Salsa Entry Form,**

Mailing Address:

Isaac Altman
8080 SW 81st Drive
Miami, FL 33143
Tel: (305) 271-0606



2002 AAU JUNIOR OLYMPIC GAMES
DanceSport and Salsa
ENTRY FORM



Couples, School Figures, Salsa Shines

SCHOOL NAME: _____

STUDIO NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

COACHES NAME: _____ PHONE NUMBER: _____

EMAIL: _____

| | |
|--------------------------|-------------------------|
| GIRLS NAME: _____ | BOYS NAME: _____ |
| ADDRESS: _____ | ADDRESS: _____ |
| CITY, STATE, ZIP: _____ | CITY, STATE, ZIP: _____ |
| PHONE NUMBER: _____ | PHONE NUMBER: _____ |
| BIRTH DATE: _____ | BIRTH DATE: _____ |
| AAU MEMBERSHIP #: _____ | AAU MEMBERSHIP #: _____ |
| EMAIL: _____ | EMAIL: _____ |

Age Category (Please circle one):

J1 (6 to 8) J2 (9 to 11) J3 (12 to 14) J4 (15 to 17) Youth (18 to 22)

Fees are per each competitor: \$100 (includes all entries except Groups). Groups: \$20 per person per routine.

PLEASE CHECK ONE: AM-AM _____ SCHOOL FIGURES _____ SALSA SHINES _____

| Divisions | Dances (One Dance Events) | Cha Cha, Samba, Rumba, Paso Doble, Jive, Waltz, Tango, Foxtrot, Viennese Waltz, Quickstep |
|------------------|----------------------------------|--|
| Bronze1 | C, S, R, PD, J, W, T, F, VW, Q, | SALSA |
| Bronze2 | C, S, R, PD, J, W, T, F, VW, Q, | SALSA |
| Silver1 | C, S, R, PD, J, W, T, F, VW, Q, | SALSA |
| Silver2 | C, S, R, PD, J, W, T, F, VW, Q, | SALSA |
| Gold | C, S, R, PD, J, W, T, F, VW, Q, | SALSA |

Open 5 dance Latin Championship _____ Open 5 dance Standard Championships _____

| | | | | | | | |
|--------------------|-------------------|---|-------------|---|-----------|---|---------------------|
| GROUP TEAM: | # of Participants | x | # of Dances | x | Entry Fee | = | Total Fee for Group |
| | _____ | | _____ | | \$20 | | \$ _____ |

ATHLETE WAIVER/RELEASE FORM ("AGREEMENT")

IN CONSIDERATION of being permitted to participate in any way in any Amateur Athletic Union of the U.S. Inc. activity ("Activity") I, for myself, my personal representatives, assigns, heirs, and next of kin: **1. ACKNOWLEDGE**, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity. **2. FULLY UNDERSTAND** that: (a) ATHLETIC ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity. **3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE** the Amateur Athletic Union of the U.S. Inc. (AAU), the Southeastern Association of the AAU, the Greater Knoxville Sports Corporation, its sponsors and suppliers, the State of Tennessee, City of Knoxville, Knox County, Blount County including the representatives, and related affiliated and subsidiary companies of each, as well as the officers, directors, agents, employees and assigns of each, and the AAU's Associations, clubs, coaches, officials, administrators, members, volunteers, participants, sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, and any other party indemnified and held harmless by the AAU, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS, NEGLIGENT SECURITY, TRAVEL, AND RECREATIONAL OPERATIONS AND ACTIVITIES; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Release's, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

Agreement to Participate

I, or we, grant to the Directors, Assistants, or assigned chaperons of this event to act as guardians/spokesman in granting permission for emergency treatment/hospitalization (including anesthesia) if necessary for my child en route to or from or at the site of AAU event or hospital or other medical facility. I understand that should a health emergency arise, I will be attempted to be notified, but that if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized. . I hereby state that to the best of my knowledge the following information is complete:

PERSONAL PHYSICIAN'S NAME: _____ PHONE: _____

I am presently taking the following medication or pills: _____

I am allergic to the following (medicine, bee/insect stings, other): _____

I hereby authorize the AAU to allow the reproduction, dissemination, and/or publication of my name and likeness for media coverage, public relations, or any other purpose which may involve the use of photographs, films, and/or video tape recording. This is to be done in conjunction with my participating in this AAU event and I understand and agree that I may neither pay a fee to receive individual promotional consideration from my participation in this event, nor will I receive any payment for the possible commercial use of my name or likeness.

INSURANCE: AAU membership provides excess medical insurance for any member athlete participating in an AAU-sanctioned practice or event. If the athlete has other medical coverage, theirs will be applied first, followed by AAU insurance. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINTED NAME OF PARTICIPANT: _____ PHONE: _____

PARTICIPANT'S SIGNATURE (only if age 18 or over): _____ DATE: _____

MINOR RELEASE: AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF ATHLETIC ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18): _____



2002 AAU Junior Olympic Games Coach's Entry Form



INSTRUCTIONS

- 1) Read all entry information and instructions before completing this document.
- 2) All entry information for your completion is on the reverse side of this form.
- 3) Complete all areas on the reverse side of this form and provide all requested information.
Failure to complete all areas of this form will delay the processing of your entry.
- 4) Reminder: **DO NOT** send \$29.00 payment if you are participating in one of the following team sports: Baseball, Cheerleading, Inline Hockey, Tennis, or Wrestling.
However, each coach must still fill out this form and submit it with the entire team entry packet.

ENTRY DEADLINE: Received no later than Wednesday, July 10, 2002. **Late entries will not be accepted!**
Guaranteed overnight delivery is highly recommended to meet deadline date!

SEND: 1) Coach's Entry Form with all fields completed, and
2) Correct Entry Fee of \$29.00 **FOR INDIVIDUAL SPORTS ONLY**

ENTRY FEE: \$29.00 per coach for individual sports ONLY.

NOTE: Coaches participating in the team sports BASEBALL, CHEERLEADING, TENNIS, AND WRESTLING will receive a maximum of three (3) coaches credentials per team as part of the overall team entry fee. Team coaches in the above-mentioned sports SHOULD NOT submit any additional payment other than the designated team entry fee.

All fees are non-refundable. No personal checks accepted.

Please send money orders or certified checks ONLY made payable to:

2002 AAU Junior Olympic Games.

Mailing Address:

2002 AAU Junior Olympic Games
Greater Knoxville Sports Corporation
900 E. Hill Avenue, Suite 390
Knoxville, Tennessee 37915

NOTE: All coaches must be AAU members and present a current 2002 AAU Membership at Check-in in Knoxville in order to receive coach's credentials. AAU Membership may be purchased at Check-in for \$12.00 or earlier by calling **1-800-AAU-4USA**. **Register instantly on-line at www.aausports.org.** The \$29.00 entry fee for individual sports does not cover your AAU membership.

All coaches who submit entry forms which are received after the July 10 deadline date and those coaches wishing to register for the event on-site will be required to pay an additional fee of \$10.00 upon arrival in Knoxville, TN. **To avoid long lines at Check-in, get your entry forms in by the deadline date!**

No coach will be allowed to pick up credentials without showing their 2002 AAU Membership. Please note that for the sports of Karate and Taekwondo, you must also be an AAU-certified coach who has attended a national clinic. Please see your entry materials for the dates and times. Should you have any questions regarding this process, please do not hesitate to contact the AAU National Headquarters (Sports Department) at 407-934-7200.



2002 AAU Junior Olympic Games Coach's Entry Form



COMPLETE ALL AREAS BEFORE SUBMITTING

Coach's First Name

MI

Last Name

[Grid for name entry]

Street Address (Apartment/Building/Unit)

[Grid for street address entry]

City

State

Zip Code

Home Phone Number including Area Code

[Grid for city, state, zip, and phone number entry]

Sex

Date of Birth (Mo/Day/Year)

Age

AAU Membership Number

E-mail Address

[Grid for sex, date of birth, age, membership number, and email address entry]

Team Name (or Individual) you will coach: _____

PLEASE CHECK SPORT YOU WILL COACH

- | | | |
|---|--|--|
| <input type="checkbox"/> Aerobic Dance | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Table Tennis |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Inline Hockey | <input type="checkbox"/> Taekwondo |
| <input type="checkbox"/> Baton Twirling | <input type="checkbox"/> Jump Rope | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Dance – Dance/Drill Team | <input type="checkbox"/> Karate | <input type="checkbox"/> Trampoline & Tumbling |
| <input type="checkbox"/> Cheerleading/Sport Dance | <input type="checkbox"/> Powerlifting | <input type="checkbox"/> Weightlifting |
| <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Soccer | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Swimming | |

Hotel (Housing) in Knoxville, TN: _____ Will you be using Celebration Ceremony Transportation? _____

STRONGLY RECOMMENDED (see Celebration Ceremony Transportation section on entry materials).

If yes, how many additional non-athletes will be utilizing Celebration Ceremony Transportation with you? _____

Coaches who choose not to participate in Celebration Ceremony (Wednesday, August 7, at 7:30 pm) by NOT sitting with their athlete(s), will be required to purchase a ticket.

Many of the sports in the AAU Junior Olympic Games conduct mandatory coaches meetings prior to or during competition. Please be sure to read all entry materials for the times, dates, and locations of such meetings.

LATE ENTRIES WILL NOT BE ACCEPTED BEYOND THE DEADLINE DATE

FOR OFFICIAL USE ONLY

COACH'S ENTRY FORM COMPLETED

CORRECT FEE PAID (INDIVIDUAL SPORTS ONLY)



You have approval to make additional copies of this form as needed.