

American Dance Competition



MARCH 7TH
@ American Airlines Center



It's back! The annual American Dance Competition held at the American Airlines Center. **The GRAND PRIZE WINNER of the competition will be the featured halftime and pregame @ the Dallas Mavericks vs. Washington Wizards game that night. Tip off of game will be at 7:30pm.**



Registration:

PART 1 - Each team will be allowed to compete in one team event (\$200) and can register that event through the American Dance/Drill Team® web site. <http://www.DanceADTS.com>. Each team will receive a trophy for their feature routine. **Deadline for registration will be January 30th**

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 on your team 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 January 30th

* 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; ** 20 participant minimum

Team Routines:

Routines will be performed on the main arena floor. Time limit for entering the floor, performance and exit must be no longer than 4 1/2 minutes. Your music must be a single song on a CD ONLY (**no cassettes**) with your team name and time length. **Please bring two back up CD's.** No large backdrops or staging will be allowed. **No hard soled shoes or character shoes, bare feet or tap shoes will be allowed on the floor.** No pom poms are allowed; any questions about props or shoes, contact Elizabeth Ramsey below.

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= \$ _____

One complimentary director ticket ** 1 ticket = \$ -0-

Total owed to the Mavericks = \$ _____

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 JANUARY 30TH ******

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

Questions? 214/658-7110 or ec.ramsey@dallasmavs.com Elizabeth Ramsey

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.

**Please duplicate for each participant in the competition
and mail to Elizabeth Ramsey at Mavs office by January 11th.
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: _____