



ICU WORLD UNIVERSITY CUP CHEERLEADING CHAMPIONSHIPS

ELIGIBILITY FORM



Please complete the information below on EACH coach and participant attending the 2024 ICU World University Cup Cheerleading Championships, as well as your respective school information. This information must be completed and submitted to the link below by January 3, 2024. This information must be confirmed, authorized and approved by your institution's Registrar's Office for your team to compete. All team coaches, assistants, staff, medical advisors, federation officials, etc. must have a current ICU Gold Medallion; available on the ICU Portal in order to go into the warmup area, backstage or coaches' box and will be required to show ID upon registering at the event. In addition, each participating cheer team must have at least one Cheer Coach that has completed the ICU Gold Medallion course in order to participate.

II. COACH ELIGIBILITY/MEMBERSHIP

- 1.All USA Coaches must be compliant with the 2024 College Cheerleading and Dance Team National Championships membership and eligibility requirements & guidelines.
- 2.All Non-USA Coaches must be compliant with the University World Cup Championships eligibility requirements & guidelines as defined herein, including the ICU Safeguarding and background check policies found at www.cheerunion.org. Upon registration, ICU will follow up with all coaches and entourage members for safeguarding and background check processes required for the event.

Name of School/University/College: _____

Division: _____

Cheer Performanc Cheer

COACHES' NAMES

Coach Name: _____

ICU Gold Medallion Date of Completion: _____

Coach Name: _____

ICU Gold Medallion Date of Completion: _____

Coach Name: _____

ICU Gold Medallion Date of Completion: _____

I certify that the participants listed below are current and eligible members of the above referenced team. I acknowledge that misrepresentation on this form could result in disqualification from the Championship. All of the cheer team members listed below abide by the ICU University World Cup Cheerleading Championship Safety Rules throughout the entire year/season.

Head Coaches' Name: _____

Date: _____

Head Coaches' Signature: _____

#	ATHLETE'S NAME	HOURS CURRENTLY ENROLLED IN	YEARS OF ELIGIBILITY COMPLETED	DATE OF BIRTH (MONTH/DAY/YEAR)
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#	ALTERNATE ATHLETE'S NAME	HOURS CURRENTLY ENROLLED IN	YEARS OF ELIGIBILITY COMPLETED	DATE OF BIRTH (MONTH/DAY/YEAR)
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I certify that all the above listed participants meet the eligibility requirements of _____ (College/University) to be a current and active member of the above listed team participating in the 2024 ICU World University Cup Cheerleading Championships, 12-14 January 2024.

MUST BE SIGNED BY THE COACH ABOVE, AS WELL AS SIGNED BY THE SCHOOL'S REGISTRAR'S OFFICE AND SCHOOL ADMINISTRATIVE SUPERVISOR.

REGISTRAR'S INFORMATION

Print Name: _____

Date: _____

Registrar's Signature: _____

ADMINISTRATIVE SUPERVISOR INFORMATION

Print Name: _____

Date: _____

Registrar's Signature: _____