



Emmaus High School Cheerleading

Spirit Showdown

Competition Date: Saturday, November 8th, 2026

Registration Due: Sunday, November 1st, 2026

Location: Emmaus High School Sports Center - 500 Macungie Ave, Emmaus, PA 18049

Fee: \$10 per cheerleader. Game Day divisions are an additional \$5.00 per cheerleader if your Team has already registered in Traditional Comp and is your second entry. \$5.00 per athlete for exhibition teams.

Coaches: Limit 2 per team – Additional Coaches \$10 each

Checks made payable to: **EHCC**

Payments are non-refundable

Mail completed payment and team roster to:

Eileen Jeon

7762 Harbor Lane,

Slatington, PA 18080

OR Digital copies of team roster can be emailed to EHS Cheerleading@EastPennSD.org

Medical Release Waivers can be handed in on the day of competition.

Questions? Please email Head Coach Eileen Jeon - EHS Cheerleading@EastPennSD.org

Competition will begin promptly at 9:00 a.m. Divisions will be decided after registrations are received and will be based on UCA School/Recreation divisions.

Registration:

Morning Session - Recreation Team registration will be at 8:00 a.m.

Afternoon Session - School Team registration will be at 12:30 a.m.

Admission:

Spectator Admission: \$10 or \$18 for all day pass

Senior Citizens: \$5

Children 3 and under: Free



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MEDICAL RELEASE FORMS

Included in your registration packet is the medical release form. Please make copies for each participant. ALL medical release forms, one per team member including alternates, must be completed and returned upon your arrival the day of the competition. NO EXCEPTIONS!

JUDGING & RULES

Judges will be UCA certified and therefore will be following the UCA guidelines for stunting, gymnastics, time limits, mat regulations, and safety. Please refer to www.varsity.com should you have any questions about UCA competition guidelines. UCA score sheets will be used in judging.

MUSIC GUIDELINES

The DJ will be equipped to play music through a cell phone, flash drive or compact disc. Please be prepared with a backup device. Each team should designate one representative to start and stop music.

JUMP OFF / TUMBLE OFF / LIB OFF/ PARENT JUMP OFF

Rec Teams (Pre-Registration Required)

\$5.00 per participant

\$10.00 per stunt group

Scholastic Teams can register athletes at registration table day of competition

WARMUP

Teams will have 9 panel mats to warm up.

5 Minutes to Stretch

7 Minutes to Warmup

Bluetooth speaker available.



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Medical, Consent, & Liability Release Form

1 form required for each participant for each event

Participant Name: _____ Date of Birth: _____

Name of School/Organization: _____

Insurance Company: _____

Insurance Policy Number: _____

Parent/Guardian Name: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

I, the undersigned, hereby give permission for my child, to participate in Emmaus Spirit Showdown Competition hosted by Emmaus Hornet Cheerleading Club

I understand that participation in this activity is voluntary and may involve physical activity or risks associated with transportation, outdoor movement, or the nature of the event itself. I acknowledge and accept full responsibility for any risks of injury, illness, or property damage that may arise from my child's participation.

In the event of a medical emergency, I authorize the staff, coaches, or representatives of East Penn School District to seek and secure any necessary medical treatment for my child. I understand that a reasonable effort will be made to contact me prior to medical treatment. However, in the case that I cannot be reached, I give full permission for such medical treatment to be administered by qualified medical personnel.

I understand that I am financially responsible for any medical treatment or emergency services required during participation.

By signing below, I release and hold harmless Emmaus Hornet Cheerleading Club, East Penn School District, its officers, employees, volunteers, and agents from any and all liability, claims, demands, actions, or causes of action that may arise out of or relate to any injury, illness, or loss that may be sustained by my child or myself during or as a result of participation in this activity.

I have read and fully understand this Medical, Consent, & Liability Release Statement and agree to its terms.

X _____ Date: _____

Signature of Participant

X _____ Date: _____

Signature of Parent/Guardian



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Team Roster

Submit one roster for each team

School Name: _____ Team Name: _____

Coach Name: _____ Coach Phone Number: _____

Athlete Name & Grade	
1.	20.
2.	21.
3.	22.
4.	23.
5.	24.
6.	25.
7.	26.
8.	27.
9.	28.
10.	29.
11.	30.
12.	31.
13.	32.
14.	33.
15.	34.
16.	35.
17.	36.
18.	37.
19.	38.



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Rec Team Jump Off/ Tumble Off Registration Form

- Please fill out one form for each squad
- No "DAY OF" registrations
- One winner per level

Organization Name: _____

Team Name: _____

Head Coach Name: _____

Division (circle one): 6U 8U 10U 12U 14U

Cheerleaders Names:

Jump Off

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____

Tumble Off

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____

Total # cheerleaders registered _____ x \$5 = \$ _____