## National High School Drill Team Championships Online Armed Solo Exhibition Registration Form

Please print clearly.

Participant Name: \_\_\_\_\_\_ Cell Phone: \_\_\_\_\_

mail Address:	Gender:	
chool Name:	City:	State:
Registration Deadline: May 22, 2020	Video Upload Deadlin	e: May 25, 2020
<ul> <li>Participant must be a current high school studen</li> <li>Participant must have approval of a parent or gu</li> <li>Participation is strictly independent is not conne</li> <li>Attire is strictly civilian - trousers, plain collared</li> <li>Routine is 2-3 minutes with no strict area size (a</li> <li>Participant is responsible for viewing online SO</li> <li>SOP can be downloaded after April 10, 2020 at</li> </ul>	nardian (signature required below). ected to JROTC support in any way. d shirt, footgear - no logos or identifyinalthough 30'x30' is typical). P & preparing accordingly (see below	ng items on clothing.
Acceptance of Responsibi  I, the parent or guardian of the above participant, do hereb participation in this online drill competition. This acceptance of		ll responsibility for his/he

of any type from any cause associated in any manner with the practice or filming of their routine for the 2020 NHSDTC Solo Competition. We also agree to hold harmless all officers and employees of Sports Network International, Inc. for any injuries sustained by the performer or any spectator. I agree that the SOP will be downloaded and guidelines followed. I also release for publicity purposes any video, picture or likeness of the participating student. Sports Network International, Inc. reserves the

right to use these images and/or videos in any medium.

Print Name:

Parent/Guardian Signature indicating your acceptance: \_\_\_\_

The cost for participation is \$25.00 per participant. This fee can be paid by check mailed to: Sports Network International, 388 Muddy Creek Ln, Ormond Beach, FL 32174. This fee can also be paid by credit card. If you pay by credit card, there is an additional convenience fee of \$10.

Name on Card:	
Card #:	Validation # Exp Date:
Billing Address:	Zip Code:
With my signature Herein, I authorize this charge to my cred	iit card. Sign:
	SPORTS NETWORK INTERNATIONAL with the above t listed above. The charge will be processed upon submission.

Return this form to SNI by email, fax, or mail to: FAX: 386-274-1255 Email: <a href="mailto:sni@thenationals.net">sni@thenationals.net</a>
Sports Network International, 388 Muddy Creek Ln, Ormond Beach, FL 32174