



44th Annual ADDL World Invitational Championship



February 1, 2017

To all Coaches and Officials,

The 2017 ADDL World Championships will be in Sumter, South Carolina. Competitions will be held on June 8, June 9, and June 10 @ Sumter County Civic Center. Please note the dates and format is slightly different than traditionally done. This year we will implement a novice division for first time jumpers. The jumpers for this league will be grouped in grade groups, 1-2, 3-4, 5-6, 7-8, and HS. Jumpers in this division are NOT ELILGBLE to jump in any other 2017 World Tournament divisions. Singles Teams Only.

Competition is now 3 days...June 8-10, 2017. Traditionally, we have it during Father's Day Weekend. You have been asking for a change in dates, we listened. Hopefully, these dates work for you. Competition will be as follows...

Thu, June 8, 2017 ELIMINATION ROUND

Compulsory-Scores tabulated to determine finals

Speed-Scores tabulated to determine finals.

Twin Speed-Medals awarded to top five teams in each division. Scores NOT tabulated for finals.

Novice- Medals awarded to top five teams in each division. Scores NOT tabulated for finals

Fri, June 9, 2017 ELIMINATION ROUND

Freestyle-Scores tabulated to determine finals.

Sat, June 10, 2017 FINAL ROUND

COMPULSORY, SPEED, FREESTYLE TROPHIES AWARDED TO TOP FIVE TEAMS.

HOTELS

Host Hotel

1. Quality Inn Sumter, SC 29150 2390 Broad Street, (803) 469-9001,
\$85.99 Per Night

Please Feel Free To Reserve The Hotel Of Your Choice

Reservation Cut Off Date May 1, 2017

For any questions contact Dane Riley and/or Jamal Turner (Tournament Directors).

Dane Riley @ 301-379-1359, Email enadriley@hotmail.com or Jamal Turner @ 37-652 5654 Email: jturneraddl@gmail.com

Phone

(803)-775-5006

(803) 436-2248

Website

www.USADDL.com

Face Book

American-Double-Dutch-League

Fax

(803) 436-2400

American Double Dutch League

for the sport of Double Dutch Worldwide



155 Haynsworth Street
Sumter, SC 29150

44th Annual ADDL World Invitational Championship

Dates to Remember:

- **May 1, 2017** – Sanctioning Fee and Annual Report Form due and any outstanding balances. **Sanctioning will remain at \$350.00.** The fee entitles your state/country to an ADDL banner, ADDL score sheet, an invitation to participate in ADDL activities and ADDL certification. The fees are used to defray the cost of printing, publicity, office equipment, rental, storage, correspondence, postage, telephone, legal, accounting and grant writers cost. With the exception of New York, all states/countries only pay one fee for its entire organization.

IF SANCTION FEE AND PAST DUE INVOICES HAVE NOT BEEN PAID YOU WILL NOT RECEIVE INFORMATION CONCERNING THE WORLD INVITATIONAL AND OTHER ACTIVITIES.

- **June 7-10, 2017** – 44th Annual ADDL World Invitational Championship will be held in Sumter, South Carolina. Teams must register at the Civic Center on June 7th from 2:00-5:00. Each team will be responsible for securing hotel accommodations and transportation. Please make your reservations no later than May 1, 2017 to ensure a group discount.

Tournament Information:

- Cost per competitor: \$110.00
Novice Fee \$60.00
- Team Registration Fee:
 - **Novice \$15.00**
 - \$30.00 per single/double team for 3rd grade through High School Division
 - \$50.00 per single/double team for Open & Sr. Open Division
- **DUE DATE FOR ALL FEES: FRIDAY, MAY 26, 2017**
- No payment voucher or personal checks will be accepted.
- Late Fee \$20.00 per team (**STRICTLY ENFORCED**)
- Request for registration refund will be honored if a written notification of cancellation is received by the ADDL on or before Saturday, June 3, 2017. A \$50.00 processing fee per jumper will be deducted for all registration refunds.
- No refunds will be honored for cancellation after June 3, 2017.
- Make all checks or money orders payable to: **AMERICAN DOUBLE DUTCH LEAGUE**
- Mail all forms and payment to the American Double Dutch League, 155 Haynsworth St., Sumter, SC 29150

*****PLEASE SHARE THIS INFORMATION WITH YOUR DELEGATES
AND COACHES AS SOON AS POSSIBLE.*****

ADDL WORLD CHAMPIONSHIP INVITATIONAL RELEASE FORM

Permission is granted for _____, to participate in the
(Print full name as on birth certificate)

American Double Dutch League (ADDL) World Invitational Championship events from
Thursday, June 8, 2017 through Saturday, June 10, 2017.

I understand that the above named individual is participating entirely upon his/her own
initiative, risk and responsibility.

In consideration of his/her participation in the American Double Dutch League events. I/we
do hereby **RELEASE** and forever discharge the American Double Dutch League, its
employees, officers, directors, successors and assignees from any and all claims, demands,
actions or causes of action on account of any injury or death to my son/daughter, which may
occur from any cause during such participation in the American Double Dutch League
tournament events, including practice and competitive events.



Print Name of Participant

Signature of Parent/Guardian

Date: _____

Team Name

Name of Participant's Coach

City State Country



DOCTOR'S NOTE AND CONSENT FORM
Health Form #1

MUST BE DATED AFTER JULY 1, 2016
Association Event: 2017 AMERICAN DOUBLE DUTCH LEAGUE
WORLD INVITATIONAL CHAMPIONSHIP - JUNE 8-10, 2017

I hereby certify that _____ (Athlete's name as it appears on Birth Certificate) (is) (is not) physically able to participate in Double Dutch which is a strenuous sport.

Physicians Name (Print)

Physician: Please Print Address or Use Office Stamp Here:

Physician's Signature

Date: _____ (Must be after 07/01/16)

This note is good for the 2016-2017 school year, unless voided by serious injury, accidents or illness. If void, it will be the responsibility of the parent/legal guardian to get updated medical information from athlete's physician before resuming participation in sports.

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

I realize that there is a risk of being injured; that is inherent in all sports. Having read the above statement and knowing the risks, _____ (Athlete's Full Name) has my permission to participate in the American Double Dutch League Program.

Parent/Legal Guardian Signature: _____ Date: _____

Emergency Medical Information: (To be completed by parent/legal guardian)

The following information will be used by your child's coach in the event that a parent/legal guardian is not available. Please complete the following information and see your child's coach during the year if any information needs to be updated. The FIRST emergency name will be contacted, if unavailable, the SECOND emergency person will be contacted.

Athlete's Address: _____ City _____ State _____ Zip _____

First Contact: _____ 1st Phone # _____ 2nd Phone# _____

Second Contact _____ 1st Phone # _____ 2nd Phone # _____

Family Doctor/Clinic _____ Phone # _____

Preferred Hospital: _____

My daughter/son has the following medical conditions (allergies, asthma, etc.), taking medication and/or any other information that may be helpful to emergency personnel.

- 1. _____ 3. _____
2. _____ 4. _____



American Double Dutch League Health Form #2
(To Be Completed by a Parent or Guardian)

THIS FORM MUST ACCOMPANY THE COACH TO ALL DOUBLE DUTCH EVENTS

It is very important that chaperones, coaches, and all involved adults of American Double Dutch have some information to guide them in the event of the illness of a participant. Therefore, every participant must submit a completed health form. **NO TEAM MEMBER** will be allowed to participate who has not submitted this information.

PLEASE CAREFULLY READ AND COMPLETE THE FOLLOWING FORM. You are herewith authorizing treatment of your child in route to and from the event and during our stay here in the event of illness when staff or chaperones are unable to contact you.

I/we _____ do hereby state that I/we are the parent(s)/legal guardian of _____ a minor, age _____ born _____ / _____ / _____
Date of Birth

In case of emergency, I/we authorize the chaperones of the American Double Dutch event to consent to any X-ray, examination, anesthesia, medical or surgical treatment, or hospital care to be rendered to the above named minor under general or special supervision on the advice of any licensed physician or surgeon when need of such treatment is immediate and efforts to contact me/us are unsuccessful.

Dated this _____ Day of _____, _____
(Month) (Day)

Social Security # _____

Name of child's physician _____ Phone _____

In case of emergency and I can not be reached, please contact:

NAME _____

ADDRESS _____

TELEPHONE _____

THANK YOU ARE ALLOWING YOUR CHILD TO PARTICIPATE IN THE AMERICAN DOUBLE DUTCH LEAGUE PROGRAM AND A BIG THANK YOU TO COACHES, JUDGES AND VOLUNTEERS FOR TIME AND ENERGY DEVOTED TO THE AMERICAN DOUBLE DUTCH LEAGUE!!!!!!!!!!!!

RETURN THIS FORM BY: _____

Please read and answer all questions as accurately as possible. If there is no place for information which you feel should be included, please note it under “**Remark.**”

Place a check beside any of the following conditions which apply to your child

- | | | | |
|-------|---------------------------------|-------|------------------|
| _____ | Recurrent Tonsillitis | _____ | Earaches |
| _____ | Frequent Respiratory Infections | _____ | Headaches |
| _____ | Hay Fever | _____ | Heart Disorder |
| _____ | Asthma | _____ | Menstrual Cramps |
| _____ | Sinus Conditions | _____ | Nosebleeds |
| _____ | Bronchitis | _____ | Stomach Aches |
| _____ | Sore Throat | _____ | Fainting Spells |

Please answer **YES** or **NO** to the following questions:

YES **NO**

- _____ _____ Is there a history of diabetes in the family?
_____ _____ Is there a history of epilepsy in the family?
_____ _____ Is the child allergic to any foods? Which ones? How does he/she react?

_____ _____ Is the child allergic to any drugs? Which ones? How does he/she react?
_____ _____ Reaction to insect bites? Which ones? How does he/she react?
_____ _____ Other allergies (cats, pollen, etc.)? What
_____ _____ Does he/she react to inoculations? Which ones? How?

_____ _____ Has he/she been treated for any illness or have under a doctor’s care within the last three (3) weeks? If **YES**, for what?

_____ _____ Is he/she taking any medications at present? What
_____ _____ Will he/she continue taking this medication while participating in this event?
_____ _____ Have you told your child about her menstrual cycle?

_____ _____ Is it permissible, if deemed necessary, to give aspirin or similar medications to your child?
_____ _____ Does your child have any intense dislikes or fears (height, lightning, etc.)

On what date did your child receive his/her Tetanus Toxoid? _____ Booster? _____

REMARKS: Please include your customary treatment of such things as common headaches, stomach aches, etc., and anything else pertinent to the individual’s health.



HIGH SCHOOL ONLY

**AMERICAN DOUBLE DUTCH LEAGUE ANNUAL
WORLD INVITATIONAL CHAMPIONSHIP**

SINGLES TEAM REGISTRATION

Team Name _____

Team's Organization Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

TEAM MEMBER NAMES – Give **ADULT** T-Shirt size for each member: **S M L XL XXL**

Coach or Leader _____ Size _____

1. _____ Size _____

2. _____ Size _____

3. _____ Size _____

RELEASE FORM: I certify that as a leader or coach of the team members indicated above, that I have obtained parental releases and the A.D.D.L. health forms necessary for their participation in the AMERICAN DOUBLE DUTCH LEAGUE WORLD INVITATIONAL CHAMPIONSHIP (including qualifying eliminations).

Signature of Leader or Coach _____ Date _____

Signature of State Rep. _____ Date _____

Team Registration Fee: \$30.00 per team.

**Mail form and payment to:
American Double Dutch League
155 Haynsworth St.
Sumter, SC 29150**



HIGH SCHOOL ONLY

AMERICAN DOUBLE DUTCH LEAGUE ANNUAL WORLD INVITATIONAL CHAMPIONSHIP

DOUBLES TEAM REGISTRATION

Team Name _____

Team's Organization Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

TEAM MEMBER NAMES – Give **ADULT** T-Shirt size for each member: **S M L XL XXL**

Coach or Leader _____ Size _____

1. _____ Size _____

2. _____ Size _____

3. _____ Size _____

4. _____ Size _____

RELEASE FORM: I certify that as a leader or coach of the team members indicated above, that I have obtained parental releases and the A.D.D.L. health forms necessary for their participation in the AMERICAN DOUBLE DUTCH LEAGUE WORLD INVITATIONAL CHAMPIONSHIP (including qualifying eliminations).

Signature of Leader or Coach _____ Date _____

Signature of State Rep. _____ Date _____

Team Registration Fee: \$30.00 per team.

Mail form and payment to:
American Double Dutch League
155 Haynsworth St.
Sumter, SC 29150



AMERICAN DOUBLE DUTCH LEAGUE ANNUAL
WORLD INVITATIONAL CHAMPIONSHIP

SINGLES TEAM REGISTRATION

DIVISION: (circle one)

3 4 5 6 7 8

Team Name _____

Team's Organization Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

TEAM MEMBER NAMES – Give **ADULT** T-Shirt size for each member: **S M L XL XXL**

Coach or Leader _____ Size _____

1. _____ Size _____

2. _____ Size _____

3. _____ Size _____

RELEASE FORM: I certify that as a leader or coach of the team members indicated above, that I have obtained parental releases and the A.D.D.L. health forms necessary for their participation in the AMERICAN DOUBLE DUTCH LEAGUE WORLD INVITATIONAL CHAMPIONSHIP (including qualifying eliminations).

Signature of Leader or Coach _____ Date _____

Signature of State Rep. _____ Date _____

Team Registration Fee: \$30.00 per team.

Mail form and payment to:
American Double Dutch League
155 Haynsworth St.
Sumter, SC 29150



**AMERICAN DOUBLE DUTCH LEAGUE ANNUAL
WORLD INVITATIONAL CHAMPIONSHIP**

DOUBLES TEAM REGISTRATION

DIVISION: (circle one)

3 4 5 6 7 8

Team Name _____

Team's Organization Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

TEAM MEMBER NAMES – Give ADULT T-Shirt size for each member: S M L XL XXL

Coach or Leader _____ Size _____

1. _____ Size _____

2. _____ Size _____

3. _____ Size _____

4. _____ Size _____

RELEASE FORM: I certify that as a leader or coach of the team members indicated above, that I have obtained parental releases and the A.D.D.L. health forms necessary for their participation in the AMERICAN DOUBLE DUTCH LEAGUE WORLD INVITATIONAL CHAMPIONSHIP (including qualifying eliminations).

Signature of Leader or Coach _____ Date _____

Signature of State Rep. _____ Date _____

Team Registration Fee: \$30.00 per team.

**Mail form and payment to:
American Double Dutch League
155 Haynsworth St.
Sumter, SC 29150**



AMERICAN DOUBLE DUTCH LEAGUE ANNUAL
WORLD INVITATIONAL CHAMPIONSHIP

SINGLES TEAM REGISTRATION

DIVISION: (circle one)
OPEN SR. OPEN

Team Name _____

Team's Organization Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

TEAM MEMBER NAMES – Give **ADULT** T-Shirt size for each member: **S M L XL XXL**

Coach or Leader _____ Size _____

1. _____ Size _____

2. _____ Size _____

3. _____ Size _____

RELEASE FORM: I certify that as a leader or coach of the team members indicated above, that I have obtained parental releases and the A.D.D.L. health forms necessary for their participation in the AMERICAN DOUBLE DUTCH LEAGUE WORLD INVITATIONAL CHAMPIONSHIP (including qualifying eliminations).

Signature of Leader or Coach _____ Date _____

Signature of State Rep. _____ Date _____

Team Registration Fee: \$50.00 per team.

Mail form and payment to:
American Double Dutch League
155 Haynsworth St.
Sumter, SC 29150



**AMERICAN DOUBLE DUTCH LEAGUE ANNUAL
WORLD INVITATIONAL CHAMPIONSHIP**

DOUBLES TEAM REGISTRATION

DIVISION: (circle one)
OPEN SR. OPEN

Team Name _____

Team's Organization Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

TEAM MEMBER NAMES – Give **ADULT** T-Shirt size for each member: **S M L XL XXL**

Coach or Leader _____ Size _____

1. _____ Size _____

2. _____ Size _____

3. _____ Size _____

4. _____ Size _____

RELEASE FORM: I certify that as a leader or coach of the team members indicated above, that I have obtained parental releases and the A.D.D.L. health forms necessary for their participation in the AMERICAN DOUBLE DUTCH LEAGUE WORLD INVITATIONAL CHAMPIONSHIP (including qualifying eliminations).

Signature of Leader or Coach _____ Date _____

Signature of State Rep. _____ Date _____

Team Registration Fee: \$50.00 per team.

**Mail form and payment to:
American Double Dutch League
155 Haynsworth St.
Sumter, SC 29150**



AMERICAN DOUBLE DUTCH LEAGUE ANNUAL
WORLD INVITATIONAL CHAMPIONSHIP

NOVICE TEAM REGISTRATION

DIVISION: (circle one)

1-2 3-4 5-6 7-8 HS

Team Name _____

Team's Organization Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

TEAM MEMBER NAMES – Give **ADULT** T-Shirt size for each member: **S M L XL XXL**

Coach or Leader _____ Size _____

1. _____ Size _____

2. _____ Size _____

3. _____ Size _____

RELEASE FORM: I certify that as a leader or coach of the team members indicated above, that I have obtained parental releases and the A.D.D.L. health forms necessary for their participation in the AMERICAN DOUBLE DUTCH LEAGUE WORLD INVITATIONAL CHAMPIONSHIP (including qualifying eliminations).

Signature of Leader or Coach _____ Date _____

Signature of State Rep. _____ Date _____

Team Registration Fee: \$15.00 per team.

**Mail form and payment to:
American Double Dutch League
155 Haynsworth St.
Sumter, SC 29150**

Twin Speed
Registration
Form



Coaches Name: _____

Team/Club Name: _____

Twins Teams

Team Name: _____

Team Name: _____

Grade: _____

Grade: _____

Athlete: _____

Athlete: _____

Athlete: _____

Athlete: _____

Athlete: _____

Athlete: _____

Athlete: _____

Athlete: _____

Team Name: _____

Team Name _____

Grade: _____

Grade: _____

Athlete: _____

Athlete: _____

Athlete: _____

Athlete: _____

Athlete: _____

Athlete: _____

Athlete: _____

Athlete: _____