



# Registration Form

2309 Industrial Dive  
Columbia, Missouri 65202  
Main Office: (573)-397-6114

[www.eagleelitecheer.com](http://www.eagleelitecheer.com)

## FOR OFFICE USE ONLY

- Quickbooks Account Created
- Gmail Contact Created

Annual Registration Paid:  
(MM/YY)

- Competitive Program
  - Automatic Withdraw Form
  - Financial Agreement
  - Copy of Parent Driver's License
  - Birth Certificate
  - Handbook
  - Uniform Sizing Form
- Recreational Program

Private Lesson:  
\_\_\_\_\_

School Training:  
\_\_\_\_\_

Floor Rental:  
\_\_\_\_\_

Camp/Clinic:  
\_\_\_\_\_

Account Notes:  
\_\_\_\_\_  
\_\_\_\_\_

Athlete's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M/F

### Check All That Apply

- Diabetes
- Heart Problems
- Asthma
- Allergies
- Behavioral Disorders
- Current Medications
- Seizures
- Blood Disorders
- Broken Bones
- Major Surgery
- Other

Please explain if any of the items are checked above:  
\_\_\_\_\_

I authorize Eagle Elite Cheerleading to give my athlete the following:

- Ibuprofen
- Prescribed Inhaler
- Acetaminophen
- Antihistamine

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Athlete Email: \_\_\_\_\_

Athlete Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ Phone: (cell) \_\_\_\_\_

Mother Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ Phone: (cell) \_\_\_\_\_

Father Email: \_\_\_\_\_