

SCHOOL ENROLLMENT FORM

ANDERSON JR CUBS FOOTBALL AND CHEER

Date Requested: _____

Legal Name: _____

Player / Student Name: _____

Date of Birth: _____ Cheer Football Division: 8U 10U 12U 14U

Parent/Guardian Address: _____

Name (PRINTED) of Legal Guardian: _____

Signature of Legal Guardian: _____ Date: _____

School Verification (Administrator Use Only)

I, _____ of _____ School,

located at (Physical Address) _____,

verify that (Student Name) _____

is enrolled in _____ grade for the 2026 school year.

Title: _____ Date: _____

Signature: _____

