2026-2027 FBMS Cheer/Mascot TRYOUT APPLICATION

ATTACH RECENT PHOTO

Please print the following information clearly.

Return to: Coach Cornish - Rm# 411

Name: _____ **ID#** _____

Date of Birth:_____

Address: _____

Phone: _____

Parent/Legal Guardian: _____

Email address: _____

Grade: _____ (6th or 7th) Overall GPA: _____

Doctor: _____ Doctor phone: _____

Insurance Co. _____ Policy number: _____

1. Are you currently taking any medications? Yes No Allergic to any medications? Yes No

If so, please list: _____

2. Are you currently being treated for any injuries? Yes No

If so, please list: _____

OTHER INFORMATION

3. Are you currently a member of any club, team, or organization requiring extra practice time? Yes No If so, please list:

   _____

4. List any honors you have received in school:

   _____

5. What are the dates and/or other obligations that may conflict with you attending camp this summer?

   _____

Attach a copy of your class schedule.