

2025 - 2026 FBMS Cheer/Mascot TRYOUT APPLICATION

Please legibly print the following information.

Return to: Coach Cornish - Rm# 411

Name: _____ Date of Birth: _____

Address: _____

Phone: _____

Parent/Legal Guardian Name: _____

Parent Email address: _____

Current Grade: _____ Overall GPA: _____

1. Are you currently taking 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. What other sports/organizations are you interested in joining at FBMS? Lacrosse Swim Volleyball Soccer Baseball, (circle) etc. Please list:

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

5. List any honors you have received in school:

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

****Please attach a copy of your class schedule.**

PARENT LETTER

Dear Parent/Guardian,

_____ is interested in becoming a member of the FBMS Cheerleading Squad at Frank Black Middle School. If he/she is elected to be Cheerleader or Mascot, there are specific responsibilities and obligations which your student must assume to qualify for and to remain an active member of the team.

Being a member of the FBMS Cheerleading Squad has many rewards and is a valuable experience that they will remember for a lifetime. Additionally, your child will give pride and spirit to our school, students, and the community through their participation. We are delighted to offer them the opportunity to join one of the prestigious organizations at FBMS and we look forward to having them on the team.

Please complete the Release form and turn in prior to or at the tryout clinic.

If you have any additional questions concerning Cheer, please do not hesitate to contact me directly.

Thank you for your support!

Coach Cornish
713.613.2505
icornish@houstonisd.org

TRYOUT RELEASE FORM

APPLICATION RELEASE

I, _____ (applicant name), have read all rules and regulations that govern the FBMS Cheerleader Squad. As a representative of my school, I understand and agree to abide by them if selected as a cheerleader/mascot for the upcoming school year.

Signature of Applicant _____

Date _____

PARENTAL RELEASE

I hereby give consent to my son/daughter, _____, to try out for Cheerleader/Mascot at Frank Black Middle School and recognize his/her responsibilities and requirements as a leader of the school. I understand that, if chosen, my son/daughter will be required to pay for cheer camp and uniforms. Furthermore, I understand that school and/or personal insurance must cover my son/daughter during the tryout clinic. I give permission for my child to receive medical attention if I cannot be present or reached for any reason.

Signature of Parent/Legal Guardian _____

Date _____