



## FBMS Cheer Tryout Packet

### Checklist:

1. Tryout Application
2. Complete with **Photo**, if you don't have one - we'll take a snap shot the first day of try-outs.
3. Physical (within the last year)
4. Grade Verification Form
5. Signed Release Waiver (Must be signed by both parents\legal guardian)
6. Signed Inherent Risk of Cheerleading Form
7. Completed Emergency Contact Form

**Cheerleaders must be in athletic shorts, t-shirt and tennis shoes. Hair must be pulled back away from the face and secured in a ponytail. Bangs must not cover the eyes.**

### PRICE LIST FOR 2010 CHEER SQUAD ::

*All Cheerleaders will be required to participant in fundraisers to pay for the expense of their Socks/Shoes, Bloomers, Bow and Practice Outfits. Uniforms will be issued by the FBMS Cheer Program and returned at the end of the season.*



## FBMS Cheerleading Tryout Application

April 19,20,22 / 26,27 and 29th

Name: \_\_\_\_\_  
First Middle Last Name Called

Home Address: \_\_\_\_\_

**Insert  
Headshot Photo  
Here:**

\_\_\_\_\_  
City State Zip Code

Home phone : \_\_\_\_\_

Parent's Cell phone : \_\_\_\_\_

Cheerleader's Cell phone : \_\_\_\_\_  
(If Cheerleader has a cell)

Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month Day Year

Parent's Names:

\_\_\_\_\_  
Father Mother

Current grade in 2009-2010 school year: \_\_\_\_\_

**Cheerleading Experience:**

\_\_\_\_\_  
\_\_\_\_\_

**Flying and or Basing Skills/ Experience:**

\_\_\_\_\_  
\_\_\_\_\_

**Tumbling Skills: (check all that apply)**

\*it is not mandatory to tryout.

Standing back handspring: ( ) yes ( ) no ( ) with spot  
Series of back handsprings: ( ) yes ( ) no ( ) with spot  
Standing back tuck: ( ) yes ( ) no ( ) with spot  
Roundoff Handspring Tuck: ( ) yes ( ) no ( ) with spot  
Roundoff Handspring Layout: ( ) yes ( ) no ( ) with spot  
Full twists: ( ) yes ( ) no ( ) with spot

If you are currently in Gymnastics, from whom are you currently taking classes:

---

Why do you want to be an FBMS Cheerleader?

---

---

---

Would you be interested in being Co. Captain of your squad: ( ) yes ( ) no

**NOTICE:** Cheerleading at FBMS does require a significant **Time Commitment**.

Practices will be two or three times a week for two or three hours plus Football games. Schedules vary throughout Basketball season having anywhere from one to three games a week.

As part of the FBMS cheer team you will be required to attend all practices, games and fundraising activities. Thank You!

---

**Signature of Applicant** having read and understood the above **NOTICE**

---

**Signature of Parents** having read and understood the above **NOTICE**

**\*\*IMPORTANT NOTICE\*\***

Please return the COMPLETE Try-Out packet to the Front Office of your current School **no later than Monday, April 12<sup>th</sup>**.

The score sheets **are not made public**. Coach's decision is final.

# Release Waiver

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Father: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Phone: \_\_\_\_\_

Name & telephone number of another person to contact in case parents cannot be reached in the event of an emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

1. As a parent or legal guardian of the above named person, I give my consent for him/her to participate in the cheerleading tryouts at Fernandina Beach Middle School. I understand that participation in gymnastics, stunting, cheering, dancing and related activities may result in unavoidable injuries due to the heights and motions involved. I am fully aware of the risks and possibility of injury involved.
2. In consideration for allowing the above named person to participate in the activities of Fernandina Beach Middle School, I waive any and all rights or causes of action against Fernandina Beach Middle School and its employees, the coach and staff for Fernandina Beach Middle School for any injuries suffered by my child. I hereby agree to protect Fernandina Beach Middle School and its employees, the coach and staff for Fernandina Beach Middle School Cheerleaders against any such claim growing out of or resulting from any injury to the above named person in connection with the above mentioned activity and to reimburse and make good any loss or damage or cost that Fernandina Beach Middle School may have to pay if any litigation or claim arises from injuries, including costs of court and attorneys' fees.
3. I/We have read and understand the above and agree to be bound by the terms hereof.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# Grade Verification

Student Name: \_\_\_\_\_

2009-2010 Grade: \_\_\_\_\_

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

Please complete the following section.

You will need your classes, teachers, and grades from the 2009-2010 school year, as well as the signature of your guidance counselor as verification.

Subject	Teacher	Grade
Science		
Social Studies		
Language		
Reading		
Math		
Student must have a 'C' average in these 5 subjects to participant in the FBMS Cheer program.		

**EMERGENCY CONTACT FORM**  
**Fernandina Beach Middle School**  
**Cheerleading Squad**

Date \_\_\_\_\_

Student Name: \_\_\_\_\_

Previous Injuries: \_\_\_\_\_

\_\_\_\_\_

Medication Allergies: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

**\*\* You must send a copy of front and back of card with this application in order to tryout. \*\***

**In Case of an Emergency, Please Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

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

**In Case First Contact is Unavailable, Second Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**This Information Is To Be Used Only For Emergencies**