

**CYPRESS CREEK HIGH SCHOOL
CHEERLEADER/MASCOT
TRYOUT APPLICATION**

Name (Last, First, Middle)	Grade
Home Phone	Cell phone
Street Address	City Zip Code
Email	
Father	Mother
Address (if different)	Address (if different)
Cell Phone	Cell Phone
Employer	Employer
Work phone	Work phone
Email	Email
Doctor	Doctor's phone
Insurance company	Policy #

2015 SPRING SEMESTER CLASS SCHEDULE

Period	Subject	Teacher
1 st		
2 nd		
3 rd		
4 th		
5 th		
6 th		
7 th		

We understand that personal insurance must cover our son/daughter. We give our permission for our child to receive medical attention in the event that we cannot be present or reached for any reason.

Parent's Signature _____