



Little Flower Catholic School

1843 Pierce Street, Hollywood, FL 33020

www.littleflowerhollywood.org/school | (954) 922-1217

Tryout Permission Slip

All qualified students may tryout for membership on sports teams and in extracurricular activities. The school is committed to providing everyone a fair chance to participate. Unfortunately, not everyone who tries out can be accepted. The decision of the coach, in conjunction with the Athletic Director or the decision of the moderator, in consultation with the Principal, is final.

Ordinarily, the Principal will not intervene in non-selection decisions unless the decision is arbitrary and capricious. Parents are encouraged to help their children understand that not everyone will be selected.

I give my permission for my son / daughter _____

in grade _____ to participate in the following tryouts:

☐ Basketball Tryouts

☐ Soccer Tryouts

☐ Volleyball Tryouts

☐ Flag Football Tryouts

☐ Other: _____

Mission Statement

Little Flower Catholic School, in partnership with families, strives to provide a strong academic and spiritual foundation based on traditional Catholic values that will prepare each student for a successful future.



Little Flower Catholic School

1843 Pierce Street, Hollywood, FL 33020

www.littleflowerhollywood.org/school | (954) 922-1217

CAL Athletes' Responsibilities and Code of Ethics

ATHLETES MUST:

- Demonstrate respect for the Roman Catholic Church, its culture, traditions, and rituals.
- Remember that schoolwork must remain the highest priority.
- Understand and abide by the rules and philosophy of the CAL, their Catholic school, and the coaches.
- Attend all practices and events for the duration of the season unless excused by the coaches.
- Be on-time for practices and games and come prepared to play.
- Always show respect for the people, property and equipment involved in the CAL athletic program. This includes teammates, coaches, and referees and your opponents.
- Not argue with the officials. The head coach should be the only person talking with the officials. If you have an issue, discuss it with your coach.
- Practice good sportsmanship with the players and coaches from the opposing team. Win or lose.
- Remember to have fun. It is a game.

ACKNOWLEDGE AND AGREE TO:

Athletes' Name (Print): _____

Athlete's Signature: _____ Date: _____

Mission Statement

Little Flower Catholic School, in partnership with families, strives to provide a strong academic and spiritual foundation based on traditional Catholic values that will prepare each student for a successful future.



ARCHDIOCESE OF MIAMI

Catholic Athletic League of the Archdiocese of Miami

Consent to Play

Student: _____ School: _____

Sport(s) for which the student plans to participate: _____

-
1. I/we hereby give consent for our child/ward to participate in interscholastic sports listed above.
 2. I/We am/are aware of the potential danger of concussion and/or head and neck injuries in athletic participation. I also have knowledge about the risks associated with heat related illness during athletic participation and have received information as to the risk of continuing to practice or play once a concussion or head injury is sustained without proper medical clearance.
 3. I/we know of and acknowledge that my child/ward knows of the risks involved in athletic participation, understands that serious injury and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved, I/we release and hold harmless my child's/ward's school against which it competes, the contest officials and coaches and the Archdiocese of Miami including all of its affiliated entities and agents of any legal responsibility and liability for any injury or claim resulting from such athletic participation. I/we agree to take no legal action against my child/ward's school, the schools against which he/she competes, the contest officials, coaches, and the Archdiocese of Miami because of any claim, cost, or cause of action arising in any way from athletic participation of my child/ward. I further authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child is under the supervision of the school.

I/we have read this document carefully. I/we understand the contents of the document and I/we are aware that it contains a release of liability. I/we understand that the student may not practice or compete in any sport until this document is on file with the principal.

Parent/Guardian

Parent/Guardian

Date: _____