



# **BOY'S FOOTBALL TRYOUTS**

## **COMING UP!**

**YOU MUST HAVE A CURRENT FHSAA SPORTS PHYSICAL ON FILE  
All LLT SB consumables must be paid PRIOR to tryouts.**

**WHO: 6th - 8th grade BOYS ONLY!**

**WHEN: Tuesday, 1/13 after school until 5:00p.m.**

**Players should bring a change of clothes, athletic shoes, and a water bottle.**

**Final rosters for all teams will be posted Wednesday, 1/14 by 8:00 pm on the LLT website. Click Athletics, Click Teams, Click Flag Football.**

**If your athlete makes the team, there will be a MANDATORY PARENT/GUARDIAN meeting on Thursday, 1/15 beginning at 5:00 in the LLT Southbay cafeteria.**

## **TURN OVER!**

**SIGN WAIVER AND RETURN TO COACH CHARITY (Room 113) BY  
WEDNESDAY, 1/7/26**

# CONSENT TO TRYOUT WAIVER

2025 - 2026

Thank you for making the decision to participate in LLT ATHLETICS. A CONSENT TO TRYOUT WAIVER NEEDS TO BE SIGNED PRIOR TO EVERY SPORTS TRYOUT.

One of the new rules under the new additions to the Parents Bill of Rights Law is the following: Any student who takes part in any school-sponsored activity outside of their normal school day must have a signed permission slip from a parent or guardian. This will apply to tryouts for each sport and extracurricular activities your student chooses to tryout for.

We CANNOT allow any student to tryout for any sport that their legal guardian has not given consent to participate in. This consent form does not guarantee a position on the team until after successful completion of the tryout, coach and administrative approval, and completion of the student-athlete parent contract.

## IMPORTANT INFORMATION:

ALL TRYOUTS AND PRACTICES ARE CLOSED TO SPECTATORS

STUDENTS MUST HAVE A CURRENT FHSAA SPORTS PHYSICAL ON FILE WITH LLT SOUTH BAY. If you have questions about your students sports physical please contact Mrs. Tara DiStefano: [tdistefano@lltacademy.com](mailto:tdistefano@lltacademy.com)

ALL CONSUMABLES FEES MUST BE PAID PRIOR TO TRYOUTS

PLEASE FILL IN THE INFORMATION BELOW IN ORDER TO ATTEND TRYOUTS

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

Grade: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent/Guardian Name (Printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Thank you for supporting the athletics program,  
Coach Melia Charity  
LLT South Bay Athletic Director  
[mcharity@lltacademy.com](mailto:mcharity@lltacademy.com)