Athletic Placement Process Parent/Guardian Permission

Dear Parent/Guardian:

There is a New York State Education Department (NYSED) program that permits physically and emotionally appropriate students to try out for an athletic team that is outside of their grade placement. It is called the Athletic Placement Process (APP).

Your child (name): ____________________________ may be eligible to participate in the sport of ____________________________ outside of his or her normal grade level. In order to establish the appropriate eligibility, we must have your permission to begin the APP.

This evaluation is a comprehensive evaluation of your child’s emotional and physical maturity (including height and weight); as well as athletic abilities, physical fitness, and sport-specific athletic skill in relationship to other student athletes at that level. Physical maturity is determined by the district medical director during a physical exam, using the Tanner Scale. The Tanner Scale requires the inspection of the entire body, including the breasts and genitals. The district does accept Tanner ratings from private medical providers. The district does accept a history of menarche for girls in place of a physical examination.

Upon approval of the district medical director, the student may proceed to the physical fitness and skill assessments. Students must pass all levels in order to meet the requirements of the APP. If your child successfully meets the requirements of the APP, he/she will be allowed to try out for competitive high school athletics during 7th and/or 8th grade(s), or compete at the modified level if in grades 9-12. Under normal circumstances, a student is eligible for senior high school athletic competition in a sport for only four consecutive seasons, beginning with the student’s entry into the ninth grade. However, by meeting the Athletic Placement Process requirements established by NYSED, your child’s eligibility can be extended to permit:

a) participation during five consecutive seasons in the approved sport after entry into the eighth grade; or
b) participation during six consecutive seasons in the approved sport after entry into the seventh grade.

It is important for you and your child to understand that, once the requirements are met and if he/she is accepted as a member of the team, he/she cannot return to a lower-level team (modified) in that sport in that season.
into account your child’s ability to handle the additional demands. Please feel free to contact me regarding this program or to discuss any aspect of your child’s athletic placement. If you agree to allow your child’s participation in this program, please sign and return the parental permission form to my office.

PARENT/GUARDIAN STATEMENT

I have read the above letter and I understand the purpose and eligibility implications of the Athletic Placement Process. My son/daughter (name):
________________________________________________________ has my permission to undergo the evaluation process and to participate in this program. I understand that the determination of physical maturity is a private examination involving inspection of breasts and genitals and will be done by a licensed school health professional, and I give my permission for the examination. Upon approval of the district medical director, he/she may proceed to the physical fitness and skill assessments. I understand that passing the evaluation process does not guarantee my child a position on a team, but only permits them to try out.

Parent/Guardian Name:____________________________________

Signature:_________________________________________ Date:____________

Sincerely,

[Signature]

Tom Lehman
Director of Athletics, Physical Education & Health
ATHLETIC PLACEMENT PROCESS

PHYSICAL MATURITY FORM

THIS SECTION TO BE COMPLETED BY THE DIRECTOR OF PHYSICAL EDUCATION AND/OR ATHLETIC DIRECTOR:

Student's Name ___________________________ Grade __________

Home Address ______________________________

Date of Birth __________ / __________ / __________ Age __________ Gender: ☐ Male ☐ Female

Parental/Guardian Permission Form Received: ☐ Yes Date Received ______________________________

Desired Level: ☐ Varsity ☐ Jr. Varsity ☐ Frosh ☐ Modified

Desired Sport: ____________________________ "Recommended Tanner Rating for this sport and level" ____________ * See Appendix H

SCREENING PROCEDURES - THIS SECTION TO BE COMPLETED BY THE DISTRICT MEDICAL DIRECTOR

(OR BY PRIVATE MEDICAL PROVIDER FOR REVIEW BY THE DISTRICT MEDICAL DIRECTOR IF PERMITTED)

A. TANNER SCORE AND HEIGHT/WEIGHT ASSESSMENT COMPLETED BY:

☐ District Medical Director ☐ Private Medical Provider

EXAM DATE: __________________________

PROVIDER NAME __________________________

CIRCLE THE CURRENT DEVELOPMENTAL STAGE OF THE STUDENT, USING THE TANNER SCALE:

1 2 3 4 5

B. ALTERNATIVE TO TANNER EXAMINATION FOR FEMALES ONLY (if accepted by district):

☐ Onset of Menarche = Tanner Stage 5

C. HEIGHT __________________________ WEIGHT __________________________

D. CHECK APPROPRIATE BOXES BELOW AND RETURN FORM TO THE DIRECTOR OF PHYSICAL EDUCATION/ATHLETICS. (See Appendix H)

Student is ☐ approved ☐ not approved for the sport of: __________________________

at the following level: ☐ Modified ☐ Freshman ☐ Junior Varsity ☐ Varsity

SIGNED ___________________________ DATE __________ / __________ / __________

District Medical Director

NYSED Athletic Placement Process
Last Updated July 2016
INSTRUCTIONS FOR THE COACH

Coach__________________________ Sport & Level _________ / _________

Student’s Name________________________ Gender:  M   F   Age____

The above-named student has requested evaluation through the Athletic Placement Process. As a coach your complete assessment of his/her skill level is an important factor in this process. Please complete and return this form as soon as possible to the Director Athletics.

NOTE: The number of students who are allowed to compete outside of their grade levels should be few and far between. The program is intended only for the athlete who has the physical maturity, physical fitness, and sport skills to be placed with other athletes outside of his/her grade level. Abuses in the program by decision makers who seek to satisfy the needs of the team, rather than considering the well-being of the student cannot be condoned. There are many potential physical and social/emotional pitfalls that must be avoided, and once a student is elevated, the decision is irreversible.

Please keep in mind that, until you are notified by the director of physical education’s office that the student has successfully completed the entire Interscholastic Athletic Placement Process, that student may not attend any practices. If you are familiar with the candidate, please write an evaluation of his/her skill level. Supporting information would be helpful in determining proper placement, so be specific.

Coaches Name:____________________Signature:____________________Date:____

Evaluation of Student:
(An attached email from the coach will be accepted as a coaches recommendation).