(Copy Letter onto District Letterhead) ATHLETIC PLACEMENT PROCESS PARENT/GUARDIAN PERMISSION

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DearParent/Guardian:

There is a New York State Education Departme emotionally appropriate students to try out for an athl 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 yo height and weight); as well as athletic abilities, prelationship to other student athletes at that level.	
Physical maturity is determined by the district medical Scale. The Tanner Scale requires the inspection of The district does/does not accept Tanner ratings from the district does/does not accept Tanner ratings from the district does/does not accept a history of menarche for girls in place of clearance, the student may proceed to the physical fillevels in order to meet the requirements of the APP.	the entire body, including the breasts and genitals. or private medical providers. The district <u>does/does</u> f a physical examination. Upon passing the medical
If your child successfully meets the requirements competitive high school athletics during 7 th and/or grades 9-12. Under normal circumstances, a student in a sport for only four consecutive seasons, begin However, by meeting the Athletic Placement Proces eligibility can be extended to permit: a) participation during five consecutive season eighth grade; or b) participation during six consecutive seasons seventh grade.	8 th grade(s), or compete at the modified level if in is eligible for senior high school athletic competition naing with the student's entry into the ninth grade. It is requirements established by NYSED, your child's in the approved sport after entry into the
It is important for you and your child to understand to accepted as a member of the team, he/she cannot rethat season. Remember, at the higher level of play that is common among older students in a high school account your child's ability to handle the additional dem	eturn to a lower-level team (modified) in that sport in your child will be exposed to the social atmosphere ol environment. Therefore, it is important to take into
Please feel free to contact me regarding this program of athletic placement. If you agree to allow your child's the parental permission form to my office.	participation in this program, please sign and return
	Sincerely,
	Physical Education Director and/or Athletic Director

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(Copy letter unto District Letterhead) ATHLETIC PLACEMENT PROCESS

PARENT/GUARDIAN PERMISSION

PARENT/GUARDIAN STATEMENT

I have read the attached letter and I understand the purpose an	d eligibility implications of the Athletic
Placement Process.	
My son/daughter (name):	f breasts and genitals and will be done for the examination. Upon passing the
medical clearance, he/she may proceed to the physical fitness an passing the evaluation process does not guarantee my child a pos to try out.	
Parent/Guardian Signature	Date