

ATHLETIC PLACEMENT PROCESS PARENT 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 childmay be eligible to participate in the		rticipate in the sport of
o	outside of his or her normal grade level.	In order to establish
the appropriate eligibility, we must have your peri	mission to begin the APP.	

This evaluation is a comprehensive evaluation of your child's emotional and physical maturity 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 (or your personal physician) during a physical exam, using the Tanner Scale. The Tanner Scale requires the inspection of the entire body, including the breasts and genitals. Upon passing the medical clearance, 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. 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 8th grade; or
- b) Participation during six consecutive seasons in the approved sport after entry into the 7th 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 the modified team in that sport in that season. Please remember, at the higher level of play your child will be exposed to the social atmosphere that is common among older students in a high school environment. Therefore, it is important to take 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.

Sincerely,

Benjamin Drake

Director of Athletics and Physical Education



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PARENT/GUARDIAN PERMISSION

I have read the attached letter and I understand the purpose and elig	gibility implications of the Athletic	
Placement Process.		
My son/daughter (name):	has my permissior	
to undergo the evaluation process and to participate in this program. I under	erstand that the determination of	
physical maturity is an examination involving inspection of breasts and genitals and will be done by a license		
health professional, and I give my permission for the examination (if require	d). Upon passing the medical	
clearance, he/she may proceed to the physical fitness and skill assessment	s. I understand that passing the	
evaluation process does not guarantee my child a position on a team, but or	nly permits them to try out.	
Parent/Guardian Signature	Date	