

Pine Bush Central School District
Athletic Placement Process
Parent/Guardian Permission Form

I have read the attached letter and I understand the purpose and eligibility implications of the Athletic Placement Process.

Please select option A or B

(Return to the school nurse)

A. District Medical Provider Exam

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 passing the medical clearance, 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 Signature

Date

B. Primary Care Provider Medical Exam

My son/daughter (name) _____, will undergo the evaluation process with our primary care provider. 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 health care provider. Upon passing the medical clearance, 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 Signature

Date

To be completed by the student's physician and submitted to the Athletic Department with the Parent Request form for APP testing.

ATHLETIC PLACEMENT PROCESS Physical Maturity Form

THIS SECTION TO BE COMPLETED BY THE PARENT/GUARDIAN OR ATHLETIC DIRECTOR

Student's Name _____ Grade _____

Home Address _____

Date of Birth _____ Age _____ Gender Male Female

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

(Pine Bush Central School District permits the private medical provider to complete this section for review by district medical director)

TANNER SCORE AND HEIGHT/WEIGHT ASSESSMENT COMPLETED BY:

District Medical Director Primary Care Provider

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

1 2 3 4 5

Alternative to Tanner Examination for Females Only: Onset of Menarche = Tanner Stage 5
Height Weight _

Student is cleared not cleared for the sport of _____
at the following level: Modified Junior Varsity Varsity

Exam Date: _____ Provider Name: _____

Provider Signature: _____

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TO BE COMPLETED BY THE MEDICAL DIRECTOR

Parent/Guardian Permission Form Received: Yes Date Rec'd: _____ Desired Sport: _____

Desired Level: Varsity Jr. Varsity Modified *Recommended Tanner Rating for sport/level _____

Signed _____ Date: _____
District Medical Director