Pine Bush Central School District

Athletic Placement Process

Parent/Guardian Permission Form

I have read the attached letter and I understand the purpose an 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