

Health Services

GRADE 7 & 8 STUDENTS TRYING OUT FOR HIGH SCHOOL SPORTS

1. **Register online for your sport of choice.** (click online athletic forms at NRHS or FMS homepage)
2. **Parental Permission Statement** (Page 2 & 3 of this packet) must be completed and signed.
3. A **physical exam must be completed** by your private physician or the School Physician/Nurse Practitioner.
4. The **permission note below must be signed by the student's private physician** stating that the student is medically fit to play the sport.
5. The **PHYSICAL MATURITY FORM** *(According to the Physical Maturity Chart) must be completed by your private physician or the School Physician/Nurse Practitioner.
6. When steps 1-5 have been completed, the School Nurse will make an appointment for your **Physical Fitness Test** with a Physical Education Teacher.

ALL OF THE ABOVE IS TO BE COMPLETED AND RETURNED TO THE SCHOOL NURSE .

_____ is medically fit to play.

Student **Grade**

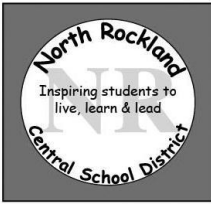
Desired H.S. Sport: _____ **Desired Level:** _____

Name of Physician

Date

Signature of Physician

Physician's Address



NORTH ROCKLAND CSD
Athletic Department

North Rockland High School

106 Hammond Road, P.O. Box 495, Thiells, New York 10984 (845) 942-3300

Lauren DaPonte

Principal

Joe Casarella

Director of Athletics

PARENT/GUARDIAN PERMISSION (1of 2)

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's (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 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.

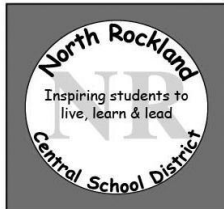
If your child successfully meets the requirements of the APP, he/she will be allowed to try out for competitive high school athletics during 7th and/or 8th grade(s), or compete at the modified level if in grades 9-12. Under normal circumstances, a student is eligible for senior high school athletic competition 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. 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,
Joe Casarella/Mike Castaldo



**NORTH ROCKLAND CENTRAL
SCHOOL DISTRICT
Athletic Department**

North Rockland High School

106 Hammond Road, P.O. Box 495, Thiells, New York 10984 (845) 942-3300

Lauren DaPonte

Principal

Joe Casarella

Director of Athletics

ATHLETIC PLACEMENT PROCESS

PARENT/GUARDIAN PERMISSION

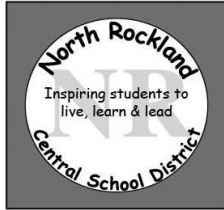
Parent/Guardian Statement

I have read the attached 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 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



NORTH ROCKLAND CENTRAL SCHOOL DISTRICT

Athletic Department

North Rockland High School

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ATHLETIC PLACEMENT PROCESS PHYSICAL MATURITY FORM

THIS SECTION TO BE COMPLETED BY THE DIRECTOR OF ATHLETICS/NURSE/OR PHYSICIAN

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

Desired Sport: *Recommended Tanner Rating for
this sport and level 1 _____ * 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 : cleared not cleared for the sport of: _____
at the following level: Modified Freshman Junior Varsity Varsity

District Medical Director Signed _____ Date ____ / ____ / ____

ATHLETIC PLACEMENT PROCESS
PHYSICAL MATURITY CHART

Recommended Tanner Scores for the Athletic Placement Process

Approved Sports	MALES			FEMALES		
	Freshman	JV	Varsity	Freshman	JV	Varsity
Archery	2	2	2	2	2	2
Badminton	2	3	4	2	3	4
Baseball	3	4	5	4	5	5
Basketball	3	4	5	4	5	5
Bowling	2	2	2	2	2	2
Competitive						
Cheerleading	3	4	5	4	5	5
Cross Country	3	4	5	4	5	5
Fencing	2	3	4	2	3	4
Field Hockey	3	4	5	4	5	5
Football	3	4	5	4	5	5
Golf	2	2	2	2	2	2
Gymnastics	3	4	5	4	5	5
Ice Hockey	3	4	5	4	5	5
Lacrosse	3	4	5	4	5	5
Rifle	2	2	2	2	2	2
Skiing	3	4	5	4	5	5
Soccer	3	4	5	4	5	5
Softball	3	4	5	4	5	5
Swim/Diving	3	4	5	4	5	5
Tennis	3	4	5	4	5	5
Track & Field	3	4	5	4	5	5
Volleyball	3	4	5	4	5	5
Wrestling	3	4	5	4	5	5