



Wilson Central School

Jeffrey Roth – Athletic Director / Assistant Principal

Parental Permission Athletic Placement Process

Dear Parent / Guardian:

There is a New York State regulation, which permits a few qualified students to participate on an athletic team beyond their grade placement; it is called the “*Athletic Placement Process*” (formerly Selection Classification).

Your child may be eligible to participate in a sport above normal grade level. In order to establish the appropriate eligibility, we must have your permission to begin the screening process. The APP evaluates your child’s physiological maturity (by School Physician or Private Medical Provider) and Physical Fitness skill (by Athletic Director or designee) in relationship to other student athletes of the same age. If your child can successfully meet the requirements of the Athletic Placement Process, she/he may be allowed to participate in an extended athletic career. The following must be on file in the Athletic Office:

- Parental Permission to begin this process (this form)
- Current sports physical on file

By signing below you agree to authorize the Wilson Central School Physician, if applicable, to give the physiological maturity exam as well as to allow your child to participate in the complete Athletic Placement Program.

Please sign this Permission Slip and return it to the Wilson Athletic Office. Your child cannot begin the Athletic Placement Process without the signed form on file.

Sincerely,

Jeffrey Roth
Athletic Director
Wilson Central School District

(Please do NOT detach this form)

I understand the purpose of the Athletic Placement Process and my son/daughter _____ has my permission to participate in the Athletic Placement Process. I give authorization for the School District Physician to perform the physiological exam required for my child to receive a “tanner” score.

Printed Parent/Guardian Name

Parent/Guardian Signature

Date