

ATHLETIC PLACEMENT PROCESS

C

PHYSICAL MATURITY FORM

THIS SECTION TO BE COMPLETED BY THE DIRECTOR OF PHYSICAL EDUCATION AND/OR ATHLETIC DIRECTOR:

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 Modified

Desired Sport: *Recommended Tanner Rating for this sport and level _____

* 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

SIGNED _____
District Medical Director

DATE __ / __ / __