North Salem Central School District

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ATHLETIC PLACEMENT PROCESS (APP)
Parent/Guardian Permission & Informed Consent Form

NYS CR 135.4 (c) I Revised Standards (July 2026)

STUDENT & PROGRAM INFORMATION

Student Name: _____ **Grade:** _____

Date of Birth: _____ **School District: North Salem**

Sport Requested: _____ **Season/Year:** _____

Level Requested: (Circle One) JV Varsity

PROGRAM OVERVIEW & KEY REGULATIONS

Invitation Only: Grades 7-8 candidates require a formal recommendation from the coach followed by an official invitation by the Director of Physical Education/Athletics to be eligible to try-out for the High School level.
Equal Standards: Invited APP candidates are to be evaluated using the same team-selection criteria as all other tryout participants.
Roster: An APP invitation permits a try out but does not guarantee a placement on the team roster. A try-out will consist of no less than three days and may last up to six days depending on the sport that you are trying out for.
Safety Focus: Evaluation consists of person and social maturity, sports skills, knowledge of the game/sport, and physical fitness.

READINESS CRITERIA

Factor	Evaluation Standard
Personal & Social	Self-Discipline, sportsmanship, goal-setting, teamwork, and ownership
Sport Skill	Advanced sport-specific skill development required for higher level.
Game Knowledge	Understanding of rules, execution, tactics, and sport strategies.
Physical Fitness	Demonstrated physical capability, speed, strength, and endurance.

MEDICAL & HEALTH CLEARANCE

To participate in the APP, try out the student must meet all NYSED and NYSPHSAA medical requirements.
Annual Health Exam: Valid physical on file with explicit healthcare provider approval for interscholastic athletics.
Updated Health History: Required if physical was completed more than 30 days prior to the season start or expires during the season.
Medical Review: After consulting with the student's healthcare provider, the School Medical Director may restrict or preclude participation if athletics present a risk to the student's health or safety.

PARENT/GUARDIAN ACKNOWLEDGEMENT & INFORMED CONSENT

By signing below, I acknowledge, understand, and agree to the following conditions for my child's participation.
I give my permission for my child to participate in the Athletic Placement Process (APP- try- outs) for the sport listed above.

I understand that competing at higher athletic level involves increased physical demands, greater time commitments, higher intensity, and elevated personal and social expectations, as well as the inherent risk of injury.

I acknowledge the participation in the APP tryout process does not guarantee my child a position on the final team roster.
I understand that all decisions regarding team roster placement are final. Furthermore, students who evaluate up and make a high school team roster are not permit to move down to the modified level after making the high school roster for that season.

I confirm that my child meets all annual physical examination requirements and will provide an updated health history if needed.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____