

PLAINVIEW-OLD BETHPAGE

DEPARTMENT OF PHYSICAL EDUCATION, HEALTH, ATHLETICS AND RECREATION

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ATHLETIC PLACEMENT PROCESS (APP)

Parent/Guardian Permission & Informed Consent Form

NYS CR §135.4(c)(7)(ii) | Revised Standards (July 2026)

1. STUDENT & PROGRAM INFORMATION

Student Name:

Grade:

Date of Birth:

School District:

Sport Requested:

Season/Year:

Level Requested: ☐ Junior Varsity (JV) ☐ Varsity

2. PROGRAM OVERVIEW & KEY REGULATIONS

The Athletic Placement Process (APP) is a NYS-regulated framework that permits exceptional student-athletes in grades 7–8 to be evaluated for participation on athletic teams outside their standard grade-level classification.

- Invitation Only: Grades 7–8 candidates require a coach recommendation and formal invitation from the District Athletic Director.
- Equal Standards: APP candidates are evaluated using the same team-selection criteria as all other tryout participants.
- No Roster Guarantee: An APP invitation permits a tryout but does not guarantee team placement.

3. READINESS CRITERIA

Based upon the coach's evaluation, the following four APP readiness criteria have been observed in the student-athlete: Personal & Social, Sport Skill, Game Knowledge, and Physical Fitness.

4. MEDICAL & HEALTH CLEARANCE

Participation in APP tryouts requires compliance with all NYSED and NYSPHSAA medical requirements:

- Annual Health Exam: Valid physical on file with healthcare provider approval for interscholastic athletics.
- Updated Health History: Required when the physical was completed more than 30 days before the season starts or expires during the season.
- Medical Review: The School Medical Director may restrict or preclude participation when athletics present a health or safety risk.

5. PARENT/GUARDIAN ACKNOWLEDGEMENT & INFORMED CONSENT

- I give permission for my child to participate in the APP tryout for the sport listed above.
- I understand that competing at a higher level involves increased physical demands, time commitments, intensity, expectations, and risk of injury.
- I understand that participation in the APP tryout does not guarantee a position on the final roster.
- I understand that team roster decisions are final. A student who makes a high school team may not move down to the modified level during that season.
- I confirm that my child meets annual physical requirements and will provide an updated health history if required.

Parent/Guardian Name: _____

Date: _____

Parent/Guardian Signature: _____

ATHLETIC DEPARTMENT & ADMINISTRATIVE USE ONLY

☐ Coaching Recommendation

☐ Director Formal Invitation Issued

☐ Medical Clearance Verified (NYSED / NYSPHSAA)

☐ Final Forms Registration Complete

Date Informed Consent Received: _____

Athletic Director Signature: _____