SEAFORD UNION FREE SCHOOL DISTRICT

Kevin Witt, Director of Physical Education, Health and Athletics

ATHLETIC PLACEMENT PROCESS (APP)

Parent/Person in Parental Relation & 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:** _____

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

Level Requested: ☐ Junior Varsity (JV) ☐ Varsity

2. PROGRAM OVERVIEW REGULATIONS

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

- **Invitation Only:** Grades 7–8 candidates require a formal recommendation from the coach followed by an official invitation from the District Athletic Director to try out.
- **Equal Standards:** Invited APP candidates are evaluated using the exact same team-selection criteria as all other tryout participants.
- **No Roster Guarantee:** An APP invitation permits a tryout but does not guarantee placement on the team roster.
- **Safety Focus:** Evaluates personal/social maturity, sport skills, game knowledge, and physical fitness.

3. 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. Demonstrated
Physical Fitness	physical capability, speed, strength, and endurance.

4. MEDICAL & HEALTH CLEARANCE

To participate in APP tryouts, 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 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.

5. PARENT/GUARDIAN ACKNOWLEDGEMENT & INFORMED CONSENT

By signing below, I acknowledge, understand, and agree to the following conditions for my child's participation:

- I give permission for my child to participate in the Athletic Placement Process (APP) tryouts for the sport listed above.
- I understand that competing at a 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 that 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.
- I confirm that my child meets all annual physical examination requirements and will provide an updated health history if required.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

FOR ATHLETIC DEPARTMENT & ADMINISTRATIVE USE ONLY

☐Coaching Recommendation ☐Director Formal Invitation Issued:

☐Date Informed Consent Received: _____ ☐ Final Forms Registration Completed

☐ Medical Clearance Verified (NYSED / NYSPHSAA)

District Athletic Director Signature: _____ Date: _____