C

ATHLETIC PLACEMENT PROCESS

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 ❑ **approved** ❑ **not approved** for the sport of: _____

at the following level: ❑ Modified ❑ Freshman ❑Junior Varsity ❑ Varsity

SIGNED_____ DATE ___/___/___

District Medical Director