ATHLETIC PLACEMENT PROCESS

Parent/Guardian Permission & Informed Consent Form

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

1. STUDENT & PROGRAM INFORMATION:

Please fill out the following for Haldane Central School District

Student Name:	**Sport Requested:**
Grade:	**Season/Year (Circle):** FALL / WINTER / SPRING **YEAR:** 2026 / 2027
Date of Birth:	**Level Requested (Circle):** JV or VARSITY

2. PROGRAM OVERVIEW & KEY 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.
Physical Fitness	Demonstrated 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 and checking the boxes 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. Furthermore, students who evaluate up and make a high school team roster are not permitted 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 required.

Parent/Guardian Name:	Parent/Guardian Signature:	Date:
_____	_____	_____

FOR ATHLETIC DEPARTMENT & ADMINISTRATIVE USE ONLY

- ☐ Coaching Recommendation Date: ___/____/_____
- ☐ Athletics Director Recommendation Date: ___/____/_____
- ☐ Date Informed Consent Form is sent to Parent/Guardian: ___/____/_____
- ☐ FAMILYID Registration Complete: ___/____/_____
- ☐ Medical Clearance Verified (NYSED/NYSPHSAA) Cleared to Play: ___/____/_____