

HAMBURG CENTRAL SCHOOL DISTRICT

TO: Parents Requesting Athletic Placement Process for 7th/8th Grade Students

FROM: Pat Cauley, Director of H.P.E.R.

RE: Athletic Placement Process

Hamburg School District has chosen to participate in the New York State Public High School Athletic Association's Athletic Placement Process. This program provides an opportunity for **highly skilled and exceptionally talented** 7th and 8th grade students to compete on varsity and junior varsity level sports.

The intent of the Athletic Placement Process is to provide safe and suitable participation for selecting and classifying students for interscholastic athletics. It focuses on determining a student's physical readiness for interscholastic competition. Guidelines for the Athletic Placement Process screening process are established by the New York State Public High School Athletic Association. The screening process involves:

- 1) Parental application and permission
- 2) Student's athletic profile:
 - medical examination given by school physician or family physician
 - stage of maturity (physical)
 - height, weight, and age
 - physical fitness achievement level determined by prior experience in the sport and Presidential Physical Fitness Test
- 3) Student evaluation by the Middle School Principal
- 4) Student Evaluation by school physician
- 5) Evaluation of data by the Director of H.P.E.R.

The junior varsity and varsity teams practice each school day and Saturdays when necessary. Daily practice attendance is also required.

Attached is a selection classification request application. If you wish to have your 7th or 8th grade son/daughter considered for Athletic Placement Process, fill out the application and return it to the Director of H.P.E.R.

This form must be completed and submitted BEFORE the start of practice.

If I may be of further assistance in clarifying the Athletic Placement Process, please call the H.P.E.R. Office 646-3344.

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STUDENT _____ DATE _____

SPORT REQUESTING _____ LEVEL VARSITY OR JV

AGE - YRS. _____ MOS. _____ HEIGHT _____ WEIGHT _____

I am requesting that my son/daughter, _____, be allowed to participate in the following sport _____ at the competition level of _____.

I understand that this form is a request to the Athletic Placement Process and that all decisions made by the Athletic Director and/or School Physician regarding my son's/daughter's participation in the Athletic Placement Process are final.

Parent Signature _____

Address _____

Phone and email _____

Date _____

Please indicate in detail prior experience your child has had that you feel makes him/her qualified to enter interscholastic high school competition.

Please forward this application to the Director of H.P.E.R. in the High School.