

## **Stillwater Central School District**

Athletic Office, 1068 Hudson Avenue Stillwater, New York 12170

Telephone: 518-373-6135 Facsimile: 518-373-6196 E-mail: [mkinney@scsd.org](mailto:mkinney@scsd.org)

Joseph Mariano  
*Superintendent of Schools*

Michael J. Kinney  
*Director of Health/Physical Education & Athletics*

Dear Parent/Guardian:

There is a New York State Education Department (NYSED) program that permits physically and emotionally appropriate students to try out for an athletic team that is outside of their grade placement. It is called the Athletic Placement Process (APP).

Your child may be eligible to participate in a sport outside of his or her normal grade level. In order to establish the appropriate eligibility, we must have your permission to begin the APP.

This evaluation is a comprehensive evaluation of your child's emotional and physical maturity (including height and weight); as well as athletic abilities, physical fitness, and sport-specific athletic skill in relationship to other student athletes at that level.

. Upon passing the medical clearance, the student may proceed to the physical fitness and skill assessments. Students must pass all levels in order to meet the requirements of the APP.

If your child successfully meets the requirements of the APP, he/she will be allowed to try out for competitive high school athletics during 7th and/or 8th grade(s). Under normal circumstances, a student is eligible for senior high school athletic competition in a sport for only four consecutive seasons, beginning with the student's entry into the ninth grade. However, by meeting the Athletic Placement Process requirements established by NYSED, your child's eligibility can be extended to permit:

- a) Participation during five consecutive seasons in the approved sport after entry into the eighth grade; or
- b) Participation during six consecutive seasons in the approved sport after entry into the seventh grade.

It is important for you and your child to understand that, once the requirements are met and if he/she is accepted as a member of the team, he/she cannot return to a lower-level team (modified) in that sport in that season. Remember, at the higher level of play your child will be exposed to the social atmosphere that is common among older students in a high school environment. Therefore, it is important to take into account your child's ability to handle the additional demands.

Please feel free to contact me regarding this program or to discuss any aspect of your child's athletic placement. If you agree to allow your child's participation in this program, please sign and return the parental permission form to my office.

Sincerely,

Michael J. Kinney

**Form B**

## Stillwater Central School District

Athletic Office, 1068 Hudson Avenue Stillwater, New York 12170  
Telephone: 518-373-6135 Facsimile: 518-373-6196 E-mail: [mkinney@scsd.org](mailto:mkinney@scsd.org)

Joseph Mariano  
*Superintendent of Schools*

Michael J. Kinney  
*Director of Health/Physical Education & Athletics*

### NYS Athletic Placement Process Request

I am submitting a request to begin the Athletic Placement Process for the following student-athlete:

Name: \_\_\_\_\_ M      F

School: \_\_\_\_\_ Grade: 7      8

Sport: \_\_\_\_\_ Level of Play: JV      Varsity

Date of Birth: \_\_\_\_\_

I have read and understand the letter regarding this process and I understand the purpose and eligibility implications of the Athletic Placement Process.

My son/daughter (Name) \_\_\_\_\_ has my permission to undergo the evaluation process and to participate in this program. I understand that the determination of physical maturity is a. cced to the physical fitness and skill assessments. I understand that passing the evaluation process does not guarantee my child a position on a team, but only permits them to try out.

\_\_\_\_\_  
Parent/Guardian Name (Print)      Parent/Guardian (Signature)      Date

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail address: \_\_\_\_\_