

# Southold School District

Department of Athletics

420 Oaklawn Avenue

Southold, NY 11971

"HOME OF THE SETTLERS"



## ATHLETIC PLACEMENT PROCESS

### PARENT/GUARDIAN PERMISSION

#### PARENT/GUARDIAN STATEMENT

I have read the attached letter 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 private examination involving inspection of breasts and genitals and will be done by a licensed school health professional, and I give my permission for the examination. Upon passing the medical clearance, he/she may proceed 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 Signature

\_\_\_\_\_  
Date