



Amherst Central School District

Anthony J. Panella
Superintendent

Jeffrey Wheaton
Director of Health, Physical Education and Athletics

Parent/Guardian Permission Form

Parent/Guardian Statement:

I have read the attached letter and I understand the purpose and eligibility implications of the Athletic Placement Process (APP).

My child (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 or our family physician and I give my permission for the examination. Upon passing the medical clearance, they 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

Sport and level (JV or Varsity) requested for tryout:

****Please submit this form to the athletic office at least 3 weeks prior to the start of the season****

Forms should be emailed to rreuben@amherstschoools.org

Or mailed to:

Amherst Athletic Office
4301 Main Street
Amherst, NY 14226