GOSHEN CENTRAL SCHOOL DISTRICT

**ATHLETIC PLACEMENT PROCESS**

**PHYSICAL MATURITY FORM**

**THIS SECTION TO BE COMPLETED BY THE DIRECTOR OF PHYSICAL EDUCATION AND/OR ATHLETIC DIRECTOR:**

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_ Age \_\_\_\_\_\_ Gender:  Male  Female

Parental/Guardian Permission Form Received:  Yes Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Desired Level:  Varsity  Jr. Varsity  Fresh  Modified

Desired Sport: \_\_\_\_\_\_\_\_\_\_\_\_\***Recommended Tanner Rating**

**for this sport & level \_\_\_\_\_\_\_\_\_\_\_\_\_***\* See Appendix H*

**SCREENING PROCEDURES- *BELOW SECTION TO BE COMPLETED BY PRIVATE MEDICAL PROVIDER******FOR******REVIEW BY THE DISTRICT MEDICAL DIRECTOR***

A. TANNER SCORE AND HEIGHT/WEIGHT ASSESSMENT COMPLETED BY:

 District Medical Director  Private Medical Provider

EXAM DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRIVATE MEDICAL PROVIDER SIGNATURE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CIRCLE** THE CURRENT DEVELOPMENTAL STAGE OF THE STUDENT, USING THE TANNER SCALE. IF THE DEVELOPMENTAL STAGE OF THE STUDENT IS BELOW THE RATING RECOMMENDED BY STATE GUIDELINES, A LETTER OF MEDICAL DECISION MAKING FROM THE PRIMARY CARE PHSYCIAN IS **REQUIRED** TO PERMIT PARTICIPATION:

1 2 3 4 5

B. ALTERNATIVE TO TANNER EXAMINATION FOR FEMALES ONLY (*If accepted by district)*:

 Onset of Menarche = Tanner Stage 5

C. HEIGHT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WEIGHT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D. CHECK APPROPRIATE BOXES BELOW AND RETURN FORM TO THE DIRECTOR OF PHYSICAL EDUCATION/ATHLETICS. (*See Appendix H)*

Student is  **approved**  **not approved** for the sport of:

at the following level:  Modified  Freshman Junior Varsity Varsity

**\*\*\*\*\*DO NOT SIGN BELOW – FOR MEDICAL DIRECTOR USE ONLY\*\*\*\*\***

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NICHOLAS BELASCO, DO

DATE: \_\_\_\_\_/ \_\_/\_\_\_\_\_

**District Medical Director ONLY**

*NYSED Athletic Placement Process* 20

*Last Updated December 2017*