

Information regarding athletes who need the special
SELECTION CLASSIFICATION

SELECTION CLASSIFICATION:

- **Selection classification is designed for a student who demonstrates physical capabilities that indicate she/he may be able to participate in the Shenendehowa sports program at the Freshman, Junior Varsity or Varsity level. To be considered for such an opportunity you must complete the process outlined below.**

SELECTION CLASSIFICATION PROCESS:

June 2009

- **The athlete will attend the specific sports meeting to receive the information regarding try outs. Listen for dates and times during morning announcements.**
- **Complete the Selection-Classification packet (personal information and parent signature forms).**
- **The athlete will see their physical education teacher for their physical fitness scores.**
- **They will return the completed packet to Coach Dochat (boys) at High School East or Coach Eggleston (girls) at Gowana Middle School by June 12th – there are no exceptions!**
- **Coaches will submit a list of athletes to be tested to Mr. Chris Culnan, Athletic Director, and either Coach Dochat (boys) or Coach Eggleston (girls).**

August 2009

- **The athlete will report to sport physicals in August. You must attend one of these dates - there are no make-up dates.**
- **Athletes will report to the Gowana Green Gym for testing in August.**
- **The ONLY athletes tested will be those who have completed the sports physical and maturation process with the school physician, Dr. Marinello.**
- **Coaches will be responsible for completing any exemptions required for the athlete to compete. The exemption form must be filed with the NYS Education Department.**

ONLY STUDENTS WHO HAVE COMPLETED THE ENTIRE PROCESS WILL BE ELIGIBLE TO TRY-OUT.

ADDITIONAL INFORMATION:

- **Committing yourself to completing the Selection Classification process does not secure or guarantee you a position on the team. Being recommended by your physical education teacher, having a sport physical and passing the fitness test only provides you with the opportunity to TRYOUT for the team!**

SELECTION CLASSIFICATION WORKSHEET

Name _____

Grade _____ School _____

Sport _____ Level _____

TESTS

SCORE

Shuttle Run _____

Standing Long Jump _____

Flexed Arm Hang _____

Pull Ups _____

Sit Ups _____

Mile Run/Walk _____

Can you recommend this student without reservation? _____

Physical Education Teacher's Signature

Name of School: _____

Today's Date: _____

*Section Two
Selective / Classification
Revised*

The completion of the following outline, signed by the Director of Physical Education and/or Director of Athletics, will certify that the procedures as outlined in the Section 2 Format for Selective/Classification have been completed, and all signatures are on file with the local Director of Athletics or Director of Physical Education. (Signatures are needed for compliance).

1. Name of student _____ Date of Birth _____

Grade _____ Sport _____

Date of Test: _____

2. Coach's or Physical Education Teacher's written application _____ (on file)

3. Parental Approval _____ (on file)

4. Medical Exam – School Physician or School Nurse _____ (on file)

5. Adolescent Development Chart – School Physician or Nurse _____ (on file)

REQUIRED SIGNATURES

6. Physical Fitness Test: Test Administrator _____

Director of Physical Education _____

Athletic Director _____

7. Guidance Counselor's Approval _____

8. Principal's Approval _____

IMPORTANT:

A student considered for Selective/Classification MUST have the above outline completed, signed, and all necessary documents attached before he/she will be allowed to participate in any sport. Also, a copy of Page 4, the above outline, must be mailed to your League Modified Representative and the Modified Sports Chairperson of Section 2.



SELECTION/CLASSIFICATION

INDIVIDUAL ATHLETIC PROFILE

(PLEASE PRINT OR TYPE)

PART I – SCHOOL INFORMATION FOR 20__ - 20__

School _____	Superintendent _____
Address _____	School Physician _____
City _____	Director of P.E./Athletics _____
Zip Code _____	Phone () _____

PART II – PUPIL INFORMATION

Name _____	Date of Birth _____	Age _____
Height _____ (inches)	Weight _____ (lbs)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Grade _____		

PART III – EVALUATION INFORMATION

Sport _____	Desired Level _____ (Varsity, Jr. Varsity, Frosh, Modified)
Parental Permission Received: <input type="checkbox"/> (Check)	
Medical Approval: <input type="checkbox"/> (Check)	Examination Date ____ / ____ / ____

DEVELOPMENTAL RATING:

Female: Post Menarche Age (Years + Months) Developmental Rating:	Male: Developmental Rating:
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ATHLETIC PERFORMANCE TEST RESULTS:

Shuttle Run <input type="text"/> (1/10 sec)	Standing Long Jump <input type="text"/> (feet + inches)	Fixed Arm Hang <input type="text"/> (seconds)	Stomach Curls <input type="text"/> (number)	50-Yard Dash <input type="text"/> (1/10 sec)	1.5 - Mile Run <input type="text"/> (min + sec)
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PART IV – SPORTS SKILLS

Prior Sports Experience: _____ _____
Coach's Rating in Desired Sport: (check) Below Average <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Superior <input type="checkbox"/>

PART V – FINAL PLACEMENT

CHECK LEVEL OF FINAL PLACEMENT AFTER ALL PROCEDURES HAVE BEEN COMPLETED: VARSITY <input type="checkbox"/> JR. VARSITY <input type="checkbox"/> FROSH <input type="checkbox"/> MODIFIED <input type="checkbox"/>
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SEE THE REVERSE SIDE FOR SPECIAL ATHLETIC PERFORMANCE APPROVALS
FROM THE STATE EDUCATION DEPARTMENT



PARENTAL PERMISSION

Dear Parent/Guardian:

There is a New York State program that permits a few qualified students to participate on an athletic team beyond their grade placement. It is called the Selection/Classification Program.

Your child _____ (name) may be eligible to participate in _____ (sport) above normal grade level. In order to establish the appropriate eligibility, we must have your permission to begin the Selection/Classification screening process. This screening evaluates your child's physiological maturity, athletic performance abilities (physical fitness), and athletic skill in relationship to other student athletes at the specific participation level. The school physician will evaluate your child using the Tanner Scale, to determine his or her physiological maturity.

If your child can successfully meet the requirements of the Selection/Classification Program, he/she will be allowed to participate in an extended athletic career. Under normal circumstances, a student is only eligible for senior high school athletic competition in a sport for four consecutive seasons commencing with the student's entry into the ninth grade. However, by meeting the Selection/Classification requirements established by the New York State Education Department, 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 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. Your child will be exposed to the social atmosphere that is inherent to older students and the high school environment.

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,

Director of Physical Education/Athletics

PARENT/GUARDIAN STATEMENT

I understand the purpose and eligibility implications of the Selection/Classification Program. My son/daughter _____ (name) has my permission to participate in the Selection/Classification Program.

Parent/Guardian signature _____ Date _____