



Hamburg Central
School District

Hamburg High School
Department of Athletics
4111 Legion Drive
Hamburg, NY 14075
Telephone: (716) 646-3300 FAX: (716)
646-3345

A

Athletic Placement Process Parent/Guardian Information

Dear Parent/Guardian,

Hamburg Central takes part in a program offered by the NYS Education Department that permits highly skilled and exceptionally talented 7th and 8th grade students to try out for and perhaps compete on the varsity or JV level prior to reaching high school.

The intent of the Athletic Placement Process (APP) is to provide safe and suitable participation for selecting and classifying students for interscholastic athletics. It focuses on determining a student's physical readiness for interscholastic competition.

Form B

In order to establish appropriate eligibility, we must have your permission to begin the APP. This evaluation is a comprehensive one that addresses your child's emotional and physical maturity, as well as athletic abilities, physical fitness, and sport-specific skills in relationship to other student athletes at that level.

Form C

Physical maturity is determined by a student's personal physician. The Tanner Scale is the recommended reference point for this portion of the evaluation, and height, weight, and muscle mass of the student are taken into consideration as well. The district does accept history of menarche for girls in place of a physical examination. Upon passing the medical clearance, the student proceeds to the physical fitness and skill assessments portion. All levels must be passed in order to meet the requirements of the APP. The physical maturity form (form "C") is to be completed by your child's private medical provider.

Form D

Student's moving on to the fitness test portion of the APP are required to submit an evaluation of their skill and fitness level (Form D). This is to be completed by the time of the fitness test, and can be from either the HCSD coach of the sport and level the student wishes to try out, or an HCSD Physical Education teacher who is familiar with the skills and fitness of the student.

APP Fitness testing will take place on Wednesday, March 6, 2024 at HHS gym directly after school. Contact Steve Chaffee at schaffee@hcsdk12.org with questions.

You will need to bring form B, C, and D with you to this appointment so it can be reviewed by our district staff.

If your child successfully meets the requirements of the APP, he/she will be allowed to try out for competitive HS athletics during 7th and 8th grade. While a student athlete is only eligible to compete in high school level sports for four consecutive seasons beginning in 9th grade, the APP allows a student athlete to compete for 5 or 6 consecutive seasons (depending on whether they begin competition in 7th or 8th grade).

In order to advance to the physical fitness portion of the APP, forms B, C, and D of this packet must be completed fully at time of test and brought to the testing site for review.

It is important to remember that once the requirements are met and your HMS student is accepted as a member of the team, there is no return to a lower level team in that sport for that season. Your child will be competing with older students, and with that comes challenges both during competition and practice, as well as a social atmosphere that is more mature. JV and Varsity teams typically practice and compete 6 days a week; it's important to take into account your HMS student's ability to handle additional demands.

Feel free to contact me regarding this program or any aspect of athletic placement. If you would like your child to participate in this program, please sign and return the parental permission form at the time of testing.

Sincerely,

Thomas Adams
HMS Principal
Director of Athletics, HCSD
716-646-3344



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B

Athletic Placement Process
Parent/Guardian Permission

Parent/Guardian Statement

I have read the attached letter and I understand the purpose of the Athletic Placement Process.

My HMS Student, _____, has my permission to undergo the evaluation process and to participate in the Athletic Placement Process program. I understand that the determination of physical maturity is a private medical examination involving inspection of breasts and genitals done by my child's own medical provider. Upon passing the medical clearance (Form C), my child may proceed to the coach/teacher's evaluation (Form D) and to the physical fitness and skill assessments. Completed Forms B, C, and D must be brought to fitness testing at the specified date and time (see Form A). I understand that passing the evaluation process does not guarantee my child a position on the team, but only permits them to try out.

Parent/Guardian Signature

Date



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Physical Maturity Form

C

Student's Name _____ Grade _____

Home Address _____

Date of Birth ___/___/___ Age _____ Gender ___ Male ___ Female

School Attended during 2023-24 school year _____

Parental/Guardian Permission Form Signed: _____ YES Date Received _____

Desired Level: _____ Varsity _____ Junior Varsity

Desired Sport: _____

SCREENING PROCEDURES-THIS SECTION TO BE COMPLETED BY PRIVATE MEDICAL PROVIDER

A. Tanner score and height/weight assessment completed by

Provider Name _____

Exam Date _____

CIRCLE the current developmental stage of the student, using the Tanner Scale

1 2 3 4 5

B. Alternative to Tanner Examination for females only

_____ onset of Menarche = Tanner Stage 5

C. Height _____ (%) Weight _____ (%)

D. Check the appropriate line below and the student athlete will bring form to fitness test or submit to the Athletics office.

Student is _____ cleared _____ not cleared to try out for the sport of _____
at the following level: _____ Junior Varsity _____ Varsity

Signed _____
(private medical provider)

Date _____/_____/_____



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D

Coach or HCSD Teacher Sport Recommendation

INSTRUCTION - This form is to be completed by an HCSD coach for the level and sport in which the student plans to try out **OR** an HCSD physical education teacher who is knowledgeable of the student's skill and fitness level.

Recommender _____

Sport and Level _____ / _____

Student's Name _____ Gender **M** **F** Age _____

The above named student has requested a recommendation through the Athletic Placement Process. Having coached and / or taught this student-athlete in the past, your recommendation is an important factor in this process.

The APP is intended only for athletes who possess the physical and emotional maturity, physical fitness, and sport-specific skills to be placed with other athletes outside of his/her grade level. Once a student passes and makes the higher level team, the student cannot be returned to the modified team for that sport during the current season.

Your help in this process is vital and is greatly appreciated.

I, _____, recommend the above named student athlete to try-out for the above named sport. This recommendation is only made if the other components of the APP are fulfilled.

Optional additional information from the coach or HCSD PE teacher making the recommendation:

Recommender's Signature

Date



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E

ATHLETIC PLACEMENT PROCESS

PHYSICAL FITNESS TESTING: SCORE FORM

INSTRUCTIONS FOR THE TESTER

The student listed below has been approved to take the Physical Fitness Test. Please proceed with the testing as described in the **Physical Fitness Test Descriptions & Directions** in Appendix I of this document

1. Read the instructions for administering the five items carefully. **If you are the coach of the sport that the athlete wants to participate in, you may not be the tester.** Notify the Director of Physical Education and/or Athletic Director that a new tester must be assigned.
2. The test can be given in any time frame and in any order. Any of the five items may be retested up to the number of times defined by your APP district policy. Only the best scores should be recorded. *For Swimming see, Appendix J page 2, for an alternative portion of the fitness test. For bowling and golf, students are not required to complete a physical fitness test.*
3. Encourage the student to do his/her best on each test item. Before commencing with the test, inform the student of the minimum qualification requirement for each component. **They MUST score in the 85th percentile for their age in 4 out of 5 test components.**
4. Return this score sheet to the Physical Education and/or Athletic Director's office as soon as the test is completed.

PHYSICAL FITNESS TEST SCORES:

Student's Name _____ Gender: M F Age _____

Desired Sport _____ Desired Level _____

Test Administered By _____ Date _____

SHUTTLE RUN (nearest tenth) 1/10 seconds _____

V-SIT REACH
Or SIT & REACH (feet and inches to nearest inch) _____

PULL UPS (# completed)
Or RIGHT ANGLE PUSH UPS (# completed every 3 seconds) _____

STOMACH CURLS (one for each completed movement) number _____

ONE MILE RUN/500 YARD SWIM (minutes and nearest second) _____

Final Assessment: Student passed did not pass at or better than the 85th percentile

Signature _____ Date _____

Evaluator's Signature _____

Date _____

