



**ARDSLEY UNION FREE SCHOOL DISTRICT**  
**500 FARM ROAD, ARDSLEY, NEW YORK 10502**  
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**www.ardsleyschools.org**

**ATHLETIC PLACEMENT PROCESS**  
**PARENT/GUARDIAN PERMISSION**

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**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