

GUILDERLAND ATHLETICS

ATTACHMENT FOR SELECTIVE CLASSIFICATION PARENT HAND BOOK



SECTION II NYSPHSAA

*Wayne Bertrand, CAA
Athletic Director*

*Regan Johnson, CAA
Assistant Athletic Director*

SECTION TWO SELECTION/CLASSIFICATION FORMAT

I. PURPOSE

The intent of the Selection/Classification program is to provide “safe” and suitable participation in an appropriate level of competition for pupils in grades 7-12.

1. Only the **EXCEPTIONAL ATHLETE** should be considered for advancement.
2. **SELECTION/CLASSIFICATION SHOULD NOT BE USED JUST TO FILL OUT A VARSITY, JUNIOR VARSITY OR FRESHMAN TEAM.**
3. The coach must make written recommendation to the Athletic Director of the appropriate placement based on observed skills and behavior during the try-out period.
4. To prevent the Selection/Classification program from being abused, the following information and guidelines have been developed by Section Two.

II. GENERAL GUIDELINES

The following steps are in the Handbook:

1. Part II: Pupil Information and Evaluation
 - {a} Parental approval
 - {b} Medical approval: Student must have the approval of the school physician prior to participation in interscholastic sports.
 - {c} Height and Weight
 - {d} Prior Experience
 - {e} Athletic Performance Test
 - {f} Placement Decision: A decision to approve means that the pupil may be permitted to try out for that team.
 - {g} Skills: The individual’s skill proficiency is judged on the basis of the demands of the sport at the level of play at which the pupil is trying to qualify
 - {h} The Physical Education/Athletic Director will make a final decision for placement.

Guidelines for Selection/Classification

III. THINGS TO BE AWARE OF

1. Pupils must pass each item of the Physical Fitness Test at the sport level they are trying out for or be retested on the items failed.
2. In **NO CASE** will the student be given the Athletic Performance Test if the pupil or applicant’s process is incomplete.
3. Students who do not meet the Athletic Performance Test Requirement may participate only with the approval of the State Education Department. Special considerations will not be given unless the student meets the established **sport maturation level**.
4. It is the responsibility of the **Director of Physical Education/Director of Athletics** to inform opponents {league rep., modified chairperson} of those students who become participants using these procedures.

IV. TESTING

1. The Director of Physical Education/Director of Athletics will administer the tests, or be in direct supervision of it.
2. The Director, in cooperation with the School Nurse and School Physician, will establish testing dates and alternate dates for each sport.

PARENTAL PERMISSION SLIP

{Keep in Athletic Director’s Office}

Dear Parent/Guardian:

There is a New York State regulation which 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.

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 ninth grade. However, by meeting the Selection/Classification requirements the student’s entry into 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. 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,



Assistant 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