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ATHLETIC PLACEMENT PROCESS PARENT/GUARDIAN MEDICAL ASSESSMENT REQUEST

Students Name: _____ Sport: _____

Level: Freshman Junior Varsity Varsity

* 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. I request that this examination be done by the school district's physician and give my permission for the examination. Physicals/APP assessments may only be performed one time per grade by the school physician.

Parent/Guardian Signature

Date