



Lackawanna City School District

Kiel M. Illg, Ph.D.
Assistant Superintendent

McKinley School Administrative Offices
245 South Shore Blvd.
Lackawanna, NY 14218
Phone: 716.821.5610 x7744

Athletic Placement Process:

Parent/Guardian Permission Form

I have read the attached letter and I understand the purpose and eligibility implications of the Athletic Placement Process (APP).

My child (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 or our family physician and I give my permission for the examination. Upon passing the medical clearance, they 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

Sport and level (JV or Varsity) requested for tryout:

****Please submit this form to the athletic office prior to the start of the season****

Forms should emailed to rrizzo@lackawannaschools.org

Or

Mail To:
Lackawanna Administrative Office
c/o Ryann Rizzo
245 S. Shore Blvd., Lackawanna, NY 14218