

HORNELL HIGH SCHOOL

ATHLETIC DEPARTMENT

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**HORNELL CITY SCHOOL DISTRICT
ATHLETIC PLACEMENT PROCESS**

PARENT/GUARDIAN PERMISSION

PARENT/GUARDIAN STATEMENT

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

My child _____ 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, will be done by a licensed school health professional, and I give my permission for the examination. Upon passing the medical clearance, my child 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, only permits them to try out.

Parent/Guardian Signature

Date

PLEASE RETURN THIS PAGE TO THE ATHLETIC DIRECTORS OFFICE AS SOON AS POSSIBLE.