MIXED COMPETITION

Dear Parent/Guardian:

Equal opportunity to participate in inter school competition either on separate teams or in mixed competition on the same team shall be provided to male and female students, except as hereinafter provided. In schools that do not provide separate competition for male and female students in a specific sport, no student shall be excluded from such competition solely by reason of sex except in accordance with the provision of sub clauses (b) and (d) of this clause. For the purpose of this clause, baseball and softball shall be considered to constitute a single sport.

Your child (name): ____________________________ may be eligible to tryout in the sport of ____________________________.

b. The fitness of a given student to participate in mixed competition shall be determined by a review panel consisting of the school physician, a physical education teacher designated by the principal of the school, and if requested by the parents of the pupil, a physician selected by such parents. Such a panel shall make its determination by majority vote of the members, and in accordance with standards and criteria issued by the department.

d. Where a school does not provide separate competition for male and female pupils in inter school athletic competition in a specific sport, the superintendent of schools, or in the case of a nonpublic school or school system which elects to be governed by this clause, the chief executive officer of the school or school system, or the section may decline to permit a male or males to participate on a team organized for females upon a finding that such participation would have a significant adverse effect upon the opportunity of females to participate successfully in interschool competition in that sport.

NYSED Mixed Competition

Please feel free to contact me regarding this program or to discuss any aspect of your child’s participation in mixed competition. Please sign and return the parental permission form to our office.

Sincerely,

David Hack
David Hack, Director of Athletics and Physical Ed.
PARENT/GUARDIAN STATEMENT - *Please return this signed page to the Athletic Office.

I have read the attached letter and I understand the purpose and eligibility implications of Mixed Competition.

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 approval of the district medical director, 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

_________________________
Student D.O.B _______________________

_________________________
Parent/Guardian Phone # _________________

_________________________
Sport:___________________________________

_________________________
Level:_______________________________

_________________________
Season:______________________________

_________________________
Grade:___________________________

_________________________
Student Age: ________________