

MOUNT PLEASANT COTTAGE SCHOOL UNION FREE SCHOOL DISTRICT
INDIVIDUAL ATHLETIC PROFILE
(Selection/Classification Standards)

Part I: School Information for School Year 20__ to 20__ School Physician _____
School _____ Superintendent _____
City _____ Director _____

Part II: Student Information and Evaluation for the sport of _____

1. Parental Approval [] (Check)	4. Prior Experience:
2. Medical Approval [] (Check)	5. Physical Fitness Test Data
Date of Health Examination _____	Raw Scores:
Adolescent Development: _____	Agility _____ Strength _____ Speed _____ Endurance _____
Female: Post-Menarch Years + Months _____	6. Placement Decision
Developmental Years + Months _____	Approval for _____ at level: _____
Males: Pubic Hair (1-5) _____	[] Frosh [] Mod [] Junior Varsity [] Varsity
3. Height _____ inches Weight _____ lbs.	7. Skill -- Coaches Rating
Other significant information: _____	[] Below Average [] Average
_____	[] Above Average [] Superior

Part III: Special Approval Request: (Mail to Bureau of Physical Education, State Education Department, Room 978 EBA, Albany, NY 12234)

This student does not meet the Selection Classification standards; however, we believe participation should be approved as a special case because: _____

Signature of Athletic Director _____ Date _____