

# ATHLETIC PLACEMENT PROCESS

## PHYSICAL MATURITY FORM

**THIS SECTION TO BE COMPLETED BY THE DIRECTOR OF PHYSICAL EDUCATION AND/OR ATHLETIC DIRECTOR:**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Gender:  Male  Female

Parental/Guardian Permission Form Received:  Yes Date Received \_\_\_\_\_

Desired Level:  Varsity  Jr. Varsity  Frosh  Modified

Desired Sport: \_\_\_\_\_ **\*Recommended Tanner Rating for this sport and level** \_\_\_\_\_ \* See Appendix H

**SCREENING PROCEDURES- THIS SECTION TO BE COMPLETED BY THE DISTRICT MEDICAL DIRECTOR**  
(OR BY PRIVATE MEDICAL PROVIDER FOR REVIEW BY THE DISTRICT MEDICAL DIRECTOR IF PERMITTED)

A. TANNER SCORE AND HEIGHT/WEIGHT ASSESSMENT COMPLETED BY:

District Medical Director  Private Medical Provider

EXAM DATE: \_\_\_\_\_

PROVIDER NAME \_\_\_\_\_

**CIRCLE** THE CURRENT DEVELOPMENTAL STAGE OF THE STUDENT, USING THE TANNER SCALE:

1                      2                      3                      4                      5

B. ALTERNATIVE TO TANNER EXAMINATION FOR FEMALES ONLY (If accepted by district):

Onset of Menarche = Tanner Stage 5

C. HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

D. CHECK APPROPRIATE BOXES BELOW AND RETURN FORM TO THE DIRECTOR OF PHYSICAL EDUCATION/ATHLETICS. (See Appendix H)

Student is  approved  not approved for the sport of: \_\_\_\_\_

at the following level:  Modified  Freshman  Junior Varsity  Varsity

SIGNED \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
District Medical Director