The purpose of Mixed Competition for cheerleading is to determine on an individual basis whether or not participation by a particular male student on a cheer team organized for females in a district would "have a significant adverse effect upon the opportunity of females to participate successfully in interschool competition in that sport".

Procedure:
1. The superintendent must request, in writing, consideration to allow a male to participate on a team organized for females in his/her district.

2. The student's school principal and the athletic director of the district must also sign the letter, indicating that they are aware of the request.

3. The letter shall be forwarded along with this document to the Executive Director and be received by the first day of high school winter practice.

4. A Mixed Competition Committee will convene to consider your request submitted for the varsity, junior varsity & middle school winter and early winter season.

5. A copy of the report of the district review panel including the Individual Athletic profile for Mixed Competition Form, the date of the last NYS fitness test, etc. must be on file with athletic director.

6. The decision applies only to the season for which the application was made. Subsequent seasons will require another review. Therefore, all students that have been previously approved to participate in a mixed competition situation must be re-approved each season.

Date: __________  Name Of Student: ____________________________________________

School: __________________  Grade: _____ Age: _____ DOB: ______

Previously Classified: (Please circle) Yes or No (If yes) What level & When_______________

• Will participation by a particular male student on a cheer team, organized for females in a district "have a significant adverse effect upon the opportunity of females to participate successfully in interschool competition in that sport" (Please circle) Yes or No

Athletic Director: __________________  Athletic Director Signature: __________________

Executive Director Signature: __________________ (Please circle) Approved  Not Approved