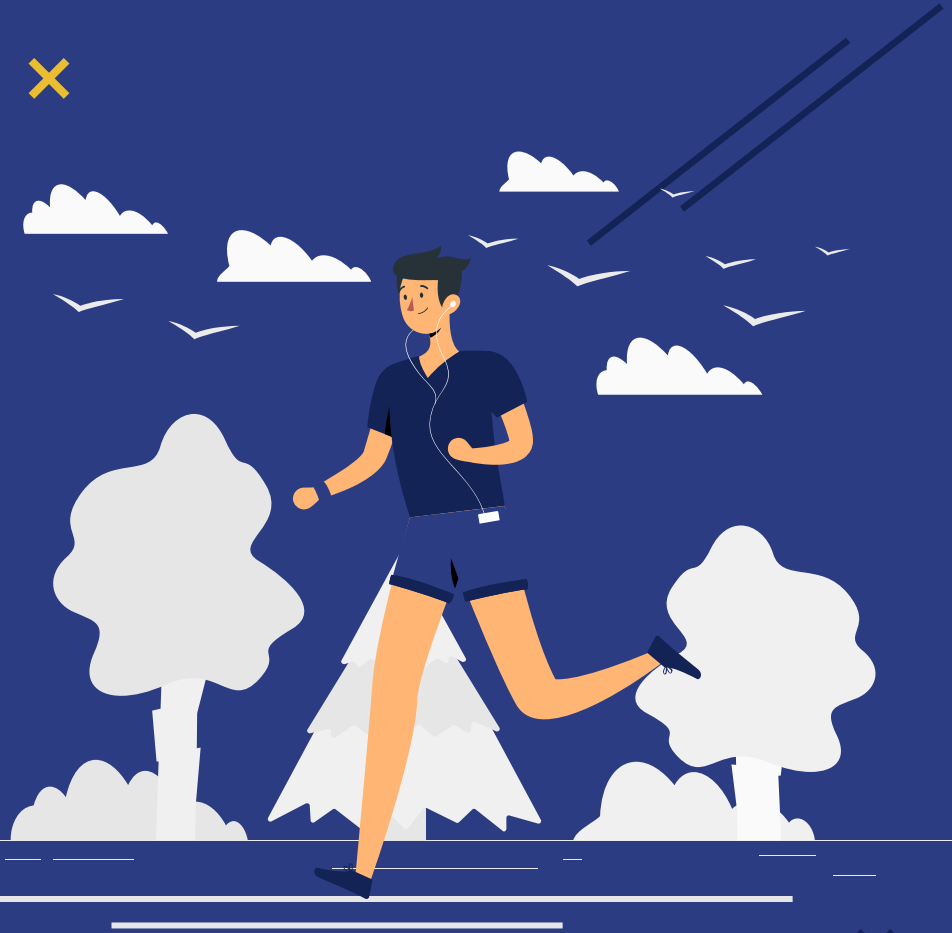


**PSAL**  
**SPORTS**  
**Information**  
**Presentation**  
**2026-2027**





## PSAL SPORTS for Students in Grades 9 - 12

### FALL SPORTS

- Boys & Girls Cross Country
- Boys & Girls Soccer
- Girls Volleyball

### WINTER SPORTS

- Boys & Girls Basketball
- Coed Wrestling
- \* Cheerleading is an RKA club sport

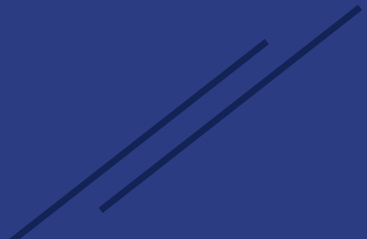
### SPRING SPORTS

- Boys & Girls Track & Field
- Boys Baseball
- Girls Softball
- Coed Golf



### TEAM ACCOMPLISHMENTS

2010 - Baseball: City Champions  
2016 & 2017 - Volleyball: City Champions  
2024- City Finalist



# Fall Sports (August 19 - November 22)

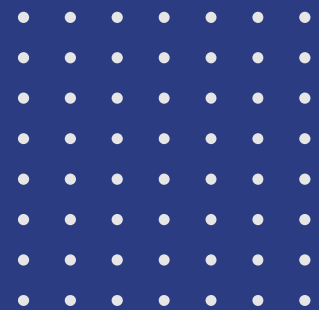


Boys Soccer: Coach Cushing - WCushing@schools.nyc.gov  
Google Classroom CODE: **OJHY23L**

Girls Soccer: Coach Boccheciamps - JBoccheciamps@schools.nyc.gov  
Google Classroom CODE: **YTPSLM2**

Girls Volleyball: Coach Purdy - SPurdy@schools.nyc.gov  
Google Classroom CODE: **SHKUK43**

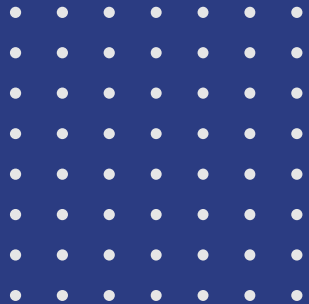
Cross Country: Coach Walsh (Boys) - DWalsh@schools.nyc.gov  
Coach Lepetit (Girls) - MLepetit@schools.nyc.gov  
Google Classroom CODE: **PFBMHXD**



# WINTER SPORTS (November 1 - March 15)



- Boys Basketball: Coach Benack - CBenack@schools.nyc.gov  
Google Classroom CODE: **PTVSYEV**
- Girls Basketball: Coach Cushing - WCushing@schools.nyc.gov  
Google Classroom CODE: **HZ563MB**
- Coed Wrestling: Coach Lepetit - MLepetit@schools.nyc.gov  
Google Classroom CODE: **LEGUX2M**
- Coed Cheerleading: Coach Purdy - SPurdy@schools.nyc.gov  
Google Classroom CODE: **BZP3LNA**



# SPRING SPORTS (March 1 - June 10)

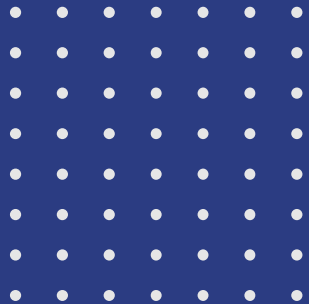


Boys Baseball: Coach Di Canio - [RDicianio@schools.nyc.gov](mailto:RDicianio@schools.nyc.gov)  
Google Classroom CODE: **PYTMGDD**

Girls Softball: Coach Purdy - [SPurdy@schools.nyc.gov](mailto:SPurdy@schools.nyc.gov)  
Google Classroom CODE: **NJ4GRVZ**

Track & Field: Coach Walsh(Boys) - [DWalsh@schools.nyc.gov](mailto:DWalsh@schools.nyc.gov)  
Coach Lepetit (Girls) - [MLepetit@schools.nyc.gov](mailto:MLepetit@schools.nyc.gov)  
Google Classroom CODE: **PFBMHXD**

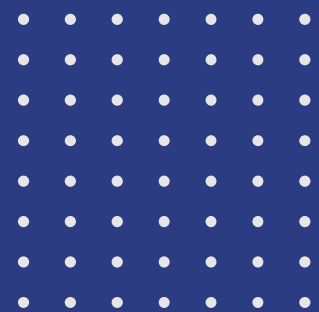
Coed Golf: Coach Bradshaw - [CBradsh2@schools.nyc.gov](mailto:CBradsh2@schools.nyc.gov)  
Google Classroom CODE: **MHVUXH2**



# TRYOUT NOTIFICATIONS



- NOTICE OF TRYOUTS WILL GO OUT VIA
  - GOOGLE CLASSROOM (GRADE & SPORT)
  - EMAIL THROUGH JUPITER ED
  - PARENT EMAILS THROUGH MS. PRINCE
- Interested students should join the GCs- see printed list



# Tryout Period



FALL

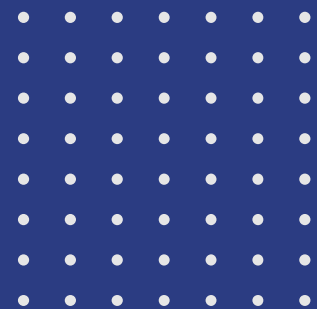
- **Boys & Girls Soccer:** June/August +
- **Volleyball:** August +
- **Boys & Girls Cross Country Running:** June - September \*

WINTER

- **Boys & Girls Basketball:** October - November +
- **Coed Wrestling:** October - December \*
- **Coed Cheerleading:** October - November +

SPRING

- **Baseball & Softball:** January - March +
- **Boys & Girls Track & Field:** January - April\*
- **Coed Golf:** February - March +



+ = exact dates TBD by coach

\* = open enrollment, students can join at any time during the tryout period



# ACADEMIC & CONDUCT REQUIREMENTS

- To Establish Eligibility

- June/January Report Card (MP3 not Final Term)
  - Pass 5 Classes and Physical Education
  - At Least 90% Attendance (No more than 2 absences)
  - At Least 65% GPA
- Transcript (Grades 10 - 12)
  - Earn at least 10 credits from the past two terms



# ACADEMIC & CONDUCT REQUIREMENTS

(cont)

- To Maintain Eligibility
  - October/March Report Card (MP 1)
    - At Least 90% Attendance (No more than 2 absences)
    - Pass 5 classes + Phys. Ed
- Conduct (applicable for the entire school year)
  - No more than 5 class cuts in any marking period
  - No more than 2 Principal's suspensions
  - No more than 1 Superintendent's suspension

Academic Eligibility requirements  
are set by NYCDOE and PSAL not RKA

[For info, please visit PSAL's website](#)



# HOW DIFFICULT IS IT TO MAKE THE TEAM?

RKA strives to offer a wide range of athletic offerings. Due to the popularity of some sports and the number of students trying out, a few of our teams are very competitive.

## Level of Tryout Competition (Low, Moderate, High)

Boys & Girls Soccer: Moderate

Boys & Girls Cross Country: Low (everyone makes the team)

Volleyball: Very High

Boys Basketball: Very High

Girls Basketball: Moderate

Cheerleading: Very High

Wrestling: Low (everyone makes the team)

Baseball: High

Softball: High

Golf: Moderate

Track & Field: Low (everyone makes the team)

(High = more than 50 students trying out for 8 - 10 spots)



# REQUIRED FORMS

- **PSAL PARENTAL CONSENT FORM**
  - Only one sport per consent form.
- **PSAL MEDICAL FORM** (must use this form; substitutes not accepted)
  - Completed once per 12 months
  - Can be used for for multiple seasons

- **RKA ATHLETIC POLICY**

\* SEE MR. EDMOND IN ROOM B24 FOR HARD COPIES

\* ALL FORMS MUST BE TURNED IN AS A PACKET & UPLOADED

## DO NOT SEPARATE FORMS

- **PARENTAL, MEDICAL, & RKA FORMS WILL HAVE TO BE UPLOADED TO THE STUDENT ATHLETE CLEARANCE PROTOCOL LINKED HERE**



# STUDENT ATHLETE CLEARANCE (SAC) PROTOCOL



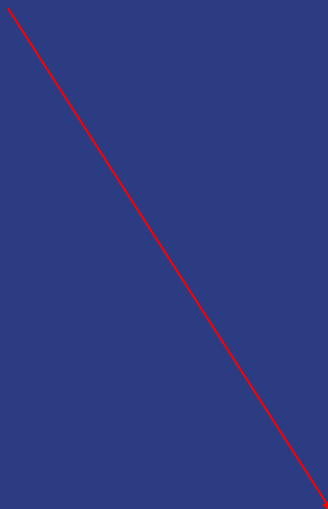
- YOU MUST KEEP COPIES OF ALL PAPERWORK
- PARENTAL AND MEDICAL FORMS WILL BE UPLOADED VIA GOOGLE FORMS
- BRING HARD COPIES OF ALL FORMS TO THE FIRST DAY OF TRYOUTS
- YOUR NAME WILL BE PLACED ON A MASTER LIST OF STUDENTS  
CLEARED TO PARTICIPATE IN TRYOUTS



# PSAL MEDICAL FORM (PAGE 3)



- RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION & SPORTS PAGE
  - SUBSTITUTE FORMS NOT ALLOWED BY PSAL
  - MUST BE STAMPED, SIGNED AND DATED BY DOCTOR



**NYC** RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION & SPORTS  
To be completed by student's health care provider or school medical provider  
This page must be submitted to coach or athletic director before PSAL participation.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_  
School/Campus/ATSDOM \_\_\_\_\_

CLEARED FOR ALL SPORTS WITHOUT RESTRICTION  
 NOT CLEARED Duration: \_\_\_\_\_  
 NOT CLEARED PENDING FURTHER EVALUATION  
 CLEARED FOR ALL SPORTS WITHOUT RESTRICTION WITH RECOMMENDATIONS FOR FURTHER EVALUATION OR TREATMENT FOR: \_\_\_\_\_

CLEARED WITH RESTRICTIONS/ADAPTATIONS/ACCOMMODATIONS Duration: \_\_\_\_\_

NO CONTACT SPORTS: includes basketball, competitive cheerleading, diving, field hockey, football (soccer), gymnastics, ice hockey, lacrosse, rugby, soccer, short wrestling  
 NO LIMITED CONTACT SPORTS: includes baseball, cross-country skiing, fencing, flag football, handball, high jump, ice skating, pole vault, skiing, softball, volleyball  
 NO NON-CONTACT SPORTS: includes archery, badminton, bowling, cricket, discus, double Dutch, golf, javelin, race walking, rifle, shot-put, swimming, table tennis, tennis, track & field

OTHER RESTRICTIONS \_\_\_\_\_

**ACCOMMODATIONS/PROTECTIVE EQUIPMENT**  
 None  Athletic Cap  Sports/Safety Goggles  Medical/Prosthetic Device  Placemaker  Insulin Pump/Insulin Sensor  
 Brace/Orthotic  Hearing Aides  Protective Ear Clear  Other \_\_\_\_\_

**PERTINENT MEDICAL HISTORY** \_\_\_\_\_

ALLERGIES \_\_\_\_\_  None

**MEDICATIONS**  
 Has prescribed pre-exercise medication \_\_\_\_\_  
 Has prescribed PRN medication \_\_\_\_\_  
 Student is Self-Carry/Self-Administer, unless in an emergency or student is incapable of self-administration  
Explanation \_\_\_\_\_

OTHER RECOMMENDATIONS \_\_\_\_\_

I have examined the above named student and completed the pre-participation physical examination, INCLUDING A REVIEW OF ANY MEDICAL HISTORY RELATED TO COVID-19. The athlete may/may not participate in the sport(s) as outlined above. A copy of the physical exam will be provided to the school medical room staff and can be made available to the school administration at the request of the parents. This form may be rescinded by a medical provider if there are any changes in the student's health that could affect his/her safe participation in sports, and/or until the potential consequences of the health issue are explained to both the student and his/her parents, and the health issue has been resolved. All information and recommendations contained herein are valid through the last day of the month for 12 months from the date below.

Name of medical provider (print) \_\_\_\_\_ Title \_\_\_\_\_ License/ID# \_\_\_\_\_  
Address \_\_\_\_\_ Medical Provider's Stamp \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Signature of medical provider \_\_\_\_\_ Date \_\_\_\_\_

NYC2019\_Psal\_Sports\_Overview\_Form\_20191020  
**PAGE 3**





# PSAL ALL ACCESS PROGRAM



PSAL will provide all students the opportunity to tryout for a sport offered at another school if that sport is not available at their home school.

- Tryouts do not guarantee participation
- PSAL will determine where individual students will tryout
- Students must meet academic eligibility requirements **BEFORE** they can tryout
- Paperwork will be submitted to PSAL for tryout determination (RKA makes no decisions about tryouts)
- You must submit paperwork a season prior to tryouts.





# Question?

- Please direct any sport-specific questions to the respective coaches.
- Students will receive information about tryouts, meetings, and practices in their Google Classroom

## Contact Information

**Les Edmond**  
**Athletic Director**  
**[LEdmond@schools.nyc.gov](mailto:LEdmond@schools.nyc.gov)**

