



MANAGEMENT SERVICES

Presents a NYS Standards Solution Workshop

"HEALTH SCIENCE APPLIED TO COACHING"

Biology, anatomy, physiology, kinesiology, psychology, and sociology containing selected information which is "related to coaching"; human growth and development, safety; care to injuries, training and conditioning of athletes. This course will not satisfy first-aid requirements. A valid certificate is necessary to complete course requirements and participants must provide a copy.

TARGET AUDIENCE: Individuals seeking New York State Coaching Certification

TRAINER: Chris Kaplan

WHERE: Maryvale High School, Alumni Hall
1050 Maryvale Drive, Cheektowaga, NY 14225

WHEN/TIME: In class: November 27, December 4, 11 and 18, 2017 *and* 6:30 pm – 9:30 pm
On-line: November 29, December 6, 13 and 20, 2017 **NOTE EVENING HOURS**

COST: \$200.00 per person **CODE:** A548.020

Follow your school district's procedure to register for workshops. Please complete the registration form below and return it by **November 21, 2017**. For further information, please contact Phil Coyle at **(716) 913-7120**.

Cancellation Policy: Cancellations should be made *at least 16 business hours prior to the start of the workshop*. Failure to do so will result in your district being charged for the class. All no-shows will be billed for the full amount of the workshop.

"HEALTH SCIENCE APPLIED TO COACHING"

In class: November 27, December 4, 11 and 18, 2017 *and* On-line: November 29, December 6, 13 and 20, 2017

Please complete this registration form and, along with registration fee, mail it by **November 21, 2017** to:

Phil Coyle, Coaching Coordinator, Erie 1 BOCES, 355 Harlem Road, West Seneca, NY 14224

Registrations may be emailed to cwest@e1b.org

(Please print clearly as information will be used to complete and mail completion certificates.)

NAME: _____ Specify: Teacher: _____
Non-Teacher: _____

COACHING POSITION: _____

SCHOOL DISTRICT: _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____

CELL PHONE: _____ HOME PHONE: _____

EMAIL ADDRESS: _____

If individual responsible for fee: attach check payable to ERIE 1 BOCES: # _____ Amount _____

If District is responsible for fee: _____

SCHOOL ADMINISTRATOR'S SIGNATURE

DATE