



# MANAGEMENT SERVICES

Presents a NYS Standards Solution Workshop

## "PHILOSOPHY, PRINCIPLES & ORGANIZATION OF ATHLETICS"

Topics will include: legal considerations, local, state and national policies relating to athletics, personal standards for the coach, public relations, safety procedures, budgets, etc. (45 clock hours).

**TARGET AUDIENCE:** Individuals seeking New York State Coaching Certification

**TRAINER:** Chris DeMarco

**WHERE:** Grand Island High School, Room 110  
1100 Ransom Road, Grand Island, NY 14072

**WHEN/TIME:** July 17, 20, and 21, 2017 - in class 7:00 am - 4:30 pm  
July 18 and 19, 2017 - Online

**COST:** \$200.00 per person **CODE:** A548.020  
(plus \$35.00 fee paid online to National Federation of State High School Associations)

Follow your school district's procedure to register for workshops. Please complete the registration form below and return it by **July 13, 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.

## "PHILOSOPHY, PRINCIPLES & ORGANIZATION OF ATHLETICS"

July 17, 20, and 21, 2017 - in class and July 18 and 19, 2017 - online

Please complete this registration form and, along with registration fee, mail it by July 13, 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: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL 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