



MANAGEMENT SERVICES

Presents a NYS Standards Solution Workshop

"THEORY & TECHNIQUES OF COACHING"

This course will include basic concepts common to all sports such as: objectives, rules, regulations and policies; teaching methods; performance skills; technical information (offense, defense strategies); organization and management of practices; care and special training and conditioning of athletics in specific sports; care and fitting of equipment; special safety precautions and officiating methods. In addition, an internship in a specific sport is required. (12 clock hours plus 80 clock hours coaching internship).

TARGET AUDIENCE: Individuals seeking New York State Coaching Certification

TRAINER: Chris DeMarco

REVISED: Instructor & Location

WHERE: Sweet Home High School, Room 501
1901 Sweet Home Road, Amherst, NY 14228

WHEN/TIME: February 26, 28 and March 5 and 7, 2018
Last class determined by instructor

6:00 pm – 9:30 pm
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 **February 22, 2018**. 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.

"THEORY & TECHNIQUES OF COACHING"

February 26, 28 and March 5 and 7, 2018 with last class determined by instructor.

Please complete this registration form and, along with registration fee, mail it by February 22, 2018 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