



# 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: April 9, 16, 23 and May 2, 2018 and 6:30 pm – 9:30 pm  
On-line: April 11, 18, 25 and May 7, 2018 **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 April 6, 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.

## "HEALTH SCIENCE APPLIED TO COACHING"

In-class: April 9, 16, 23 and May 2, 2018 and On-line: April 11, 18, 25 and May 7, 2018  
Please complete this registration form and, along with registration fee, mail it by April 6, 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