



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: In-class: December 2, 4, 9 and 11, 2019 and On-line: December 5, 6, 12 and 19, 2019  
\*On-line dates are used as a guideline only – all on-line work is done on each participant's timeframe/pace.

TIME: 6:30 pm – 9:30 pm

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 22, 2019. For further information, please contact Cinda West at 821-7091.

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 workshop. No-shows will be charged for the full amount of the workshop.

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REGISTRATION FORM  
"HEALTH SCIENCE APPLIED TO COACHING"

In-class: December 2, 4, 9 and 11, 2019 and On-line: December 5, 6, 12 and 19, 2019  
(Please print clearly as information will be used to create a file and mail a completion certificate.)

NAME: \_\_\_\_\_ Specify: Teacher: \_\_\_\_\_  
Non-Teacher: \_\_\_\_\_

SPORT COACHING: \_\_\_\_\_ DOB: \_\_\_\_\_

SCHOOL DISTRICT: \_\_\_\_\_ Last four digits of SS#: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

EMAIL ADDRESS: \_\_\_\_\_

If District is paying registration fee: \_\_\_\_\_  
(email signed form to cwest@e1b.org) SCHOOL ADMINISTRATOR'S SIGNATURE DATE

If registrant is paying fee, please complete form, attach check payable to ERIE 1 BOCES, and mail to Cinda West, Erie 1 BOCES, 355 Harlem Road, West Seneca, NY 14224 – form and fee must be received by registration deadline.

REGISTRATION DEADLINE: November 22, 2019