

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

Instructor:	Chris Kaplan	(Code: A548.020)	
Where:	ONLINE: Non-Traditional Instruction. Amid the COVID-19 crisis, we want to keep our coaches safe and meet their education and certification needs. The coaching courses are being offered via non-traditional instruction using Google Classroom/Google Meet. All Google Meet times and dates are specific, and course registrants are required to be present and participate in all sessions in a non-distracted environment with their cameras on.				
When:	March 1, 3, 8 and 10, 2021 (balance of required hours will be online with guidance from instructor)				
Time:	6:00 pm – 9:30 pm	(Cost: \$200.00 p	er person	
Class Size:	Minimum 10 registrants - Class limited to first 22 paid-in-full registrants.				
email. Follow form below a	ns must be paid-in-full by v your school district's pro nd return it by February 2 cwest@e1b.org.	cedure to register for	workshops. Plea	ase complete th	ne registration
workshop. Fa	Policy: Cancellations sho allure to do so will result in the full amount of the work	n your district being ch	16 business hour narged for the wo	rs prior to the s orkshop. No-sh	tart of the ows will be
	"HEALTH SCIENCE A			ATION FORM	
(Please print	(balance of required clearly as information will	March 1, 3, 8 and 10 hours will be online w be used to create a file	ith guidance fror	n instructor) our completion	certificate)
NAME:			Specify:	Teacher:	
SPORT COA	CHING:		Non- DOB:	Teacher:	
SCHOOL DIS	STRICT:	L	ast four digits of	SS#:	
HOME ADDF	RESS:		_CITY:	ZIP:	
HOME PHONE: CELL PHONE:					
EMAIL ADDF	RESS:				
If District is p (email signed	aying registration fee: I form to cwest@e1b.org)	SCHOOL ADMINISTR	ATOR'S SIGNAT	URE DATE	
Cinda West,	s paying fee, please comp Erie 1 BOCES, 355 Harle I in full by the Registration	em Road, West Senec	a, NY 14224. R	egistration forn	and mail to ns must be

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REGISTRATION DEADLINE: February 25, 2021