



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: November 8, 10, 15, and 17, 2021 (balance of required hours will be online with guidance from instructor)

Time: 6:00 pm – 9:30 pm Cost: \$200.00 per person

Class Size: Minimum 10 registrants - Class limited to first 22 paid-in-full registrants.

All registrations must be paid-in-full by the Registration Deadline date to receive access instructions by email. Follow your school district's procedure to register for workshops. Please complete the registration form below and return it by November 4, 2021. For further information, please contact Cinda West at 821-7091 or cwest@e1b.org.

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.

"HEALTH SCIENCE APPLIED TO COACHING" REGISTRATION FORM  
November 8, 10, 15, and 17, 2021

(balance of required hours will be online with guidance from instructor)

**(Please print clearly as information will be used to create a file and to email your 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. Registration forms must be received/paid in full by the Registration Deadline date to receive access instructions.

REGISTRATION DEADLINE: November 4, 2021 Class limited to first 22 paid-in-full registrants.