

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

The coaching courses are being offered via non-traditional instruction using Google Where: 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: July 10, 11 and 12, 2023

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

Time: 8:00 am - 12:00 noon 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 **July 5**, **2023**. For further information, please contact Rachel Berent at 821-7091 or rberent@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.

(balance of required ho	LIED TO COACHING" REGISTRATION July 10, 11 and 12, 2023 urs will be online with guidance from ins	tructor)	
(Please print clearly as information will be	used to create a file and to email your co	ompletion certificate)	
NAME:	Specify: Teac	Specify: Teacher:	
	Non-Tead	Non-Teacher: DOB:	
SCHOOL DISTRICT:	Last four digits of SS#	Last four digits of SS#:	
HOME ADDRESS:	CITY:	ZIP:	
HOME PHONE:	CELL PHONE:		
NON-SCHOOL EMAIL ADDRESS:			
If District is paying registration fee:(email signed form to rberent@e1b.org)	SCHOOL ADMINISTRATOR'S SIGNATURI	 E DATE	

If registrant is paying fee, please complete form, attach check payable to ERIE 1 BOCES, and mail to Rachel Berent, 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.

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