



MANAGEMENT SERVICES

Presents a NYS Standards Solution Workshop

"THEORY & TECHNIQUES OF COACHING"

This course will include basic concepts common to all sports such as: objectives, rules, regulations and policies; teaching methods; performance skills; technical information (offense, defense strategies); organization and management of practices; care and special training and conditioning of athletics in specific sports; care and fitting of equipment; special safety precautions and officiating methods. In addition, an internship in a specific sport is required. (12 clock hours plus 80 clock hours coaching internship).

TARGET AUDIENCE: Individuals seeking New York State Coaching Certification

TRAINER: Ken Stoldt

WHERE: Erie 1 BOCES, Building B, (check monitor for room #)
355 Harlem Road, West Seneca, NY 14224

WHEN/TIME: November 6, 8, 13 and 15, 2017
Last class determined by instructor
6:00 pm – 9:30 pm
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 **November 3, 2017**. 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.

"THEORY & TECHNIQUES OF COACHING"

November 6, 8, 13 and 15, 2017 with last class determined by instructor.

Please complete this registration form and, along with registration fee, mail it by November 3, 2017 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