



**South Seneca Central School**

**Parent/Student/Coaches Handbooks**

# SOUTH SENECA ATHLETICS COACHING HANDBOOK

## TABLE OF CONTENTS

Coach's Pledge	2
2008-2009 Season Starting Dates	3
Coach's Checklist and Self-Evaluation	4
South Seneca Coaches Directory	6
General Guidelines- (practices, cutting, disqualification, transportation)	7
Student/Parent Athletic Handbook	9
Guidelines for Immediate Referral	29
First Aid-Blood/Body Fluid Spill	30
Sideline Mental Testing	31
NYSPHSAA Eligibility Standards	32
Disqualification Procedures	34
Coaching Requirements Guidelines	42
New York State Selective Classification Program	52
<u>Attachments:</u>	
Section V Player/Coach Disqualification Forms	84
Team Roster	88
Rosters	89
Season Summary	90
Drop Sheet (Player withdrawing from a team)	91
Officials Claim Forms	92
South Seneca Employment Application	93
Athletic Budget Form	94
Senior Recognition Form	95
Sign-up Forms (3)	96
Sports Boosters Request Form	97
Sports Boosters Scholarship Application	98
Supplies & Materials Claim Form	99
Coaches Pay Claim Form	100
Application For Coaching Certification	101
Check List – First Year TCL Application	104
Check List – 2 <sup>nd</sup> & 3 <sup>rd</sup> Year TCL Application	105

## THE COACH'S PLEDGE

The *Coach's Pledge* extends beyond a knowledge of athletics and reaches into the life of each of his or her players. It is one of the most important responsibilities in the school and involves at least the same level of commitment that coaches expect of their players. Mutual respect and team membership are to be expected equally of player and coach and, for the coach, involve the following promises:

### **AS A COACH IN MY SCHOOL, I PROMISE:**

1. To be a model of appropriate language and behavior.
2. To respect and dignify each of my athletes as an individual.
3. To promote the safety of each athlete and to ask no more in practice or competition than each is capable of delivering, but...
4. To promote the conditions and circumstances that encourages each athlete to realize his or her full potential.
5. To impose time demands that acknowledges the primary importance of each athlete's academic and family responsibilities.
6. To promote among all athletes and coaches a solid sense of team membership.
7. To reflect in my coaching the best and most recent thinking-strategy in my sport.
8. To assist, whenever appropriate and mutually convenient, with the post-high school planning of my players as it relates to athletics.
9. To be available to parents at times that is mutually convenient.
10. To work, whenever appropriate, with other school personnel to guarantee the best interest of each of my student athletes.

I understand and approve of this pledge. \_\_\_\_\_ /\_\_\_\_/\_\_\_\_  
Signature Date

Please detach and turn into the Athletic Director.

## **2008-2009 FLHSA A SEASON STARTING DATES:**

### **FALL 2008 -2009**

Varsity/JV	August 18, 2008
Modified	September 2, 2008
Modified Football	August 28 2008

### **WINTER 2008 - 2009**

Varsity/JV	November 3, 2008
Modified Winter I	October 29, 2008 (Boys Basketball/Cheer)
Modified Winter II	January 5, 2009 (Girls Basketball/Wrestling)

### **SPRING:**

Varsity/JV	March 9, 2009
Modified	March 23, 2009

## **SELECTIVE CLASSIFICATION**

<b>Coaches Recommendation Dates By:</b>	<b>Testing Dates</b>
Fall Season - June 5, 2008	June 28, 2008
Winter Season - October 10, 2008	October 24, 2008
Spring Season - Feb. 13, 2009	February 25, 2009

## **SPORTS SEASON PHYSICALS DATES:**

Fall Season - August 20, 2008 10am  
Winter Season - TBA  
Spring Season - TBA

## **COACHES PRE-SEASON MEETING(Mandatory)**

Fall Season – July 21, 2008--7:00 P.M.  
Winter Season – October 27, 2008—7:00 P.M.  
Spring Season – March 2, 2009-- 7:00 P.M

## **PARENT/COACHES PRE-SEASON MEETING(Mandatory for both)**

Fall – TBA  
Winter – TBA  
Spring – TBA

## COACHES RESPONSIBILITY CHECKLIST AND SELF-EVALUATION:

### Pre-Season:

- \_\_\_\_\_ **1. Physicals:** \*Be sure all players have had a physical prior to participation of any kind. Players must receive a pink sheet from the nurse to participate. Questions regarding physical information should be directed to the school Athletic Director, **not the school nurse.** *Whenever there is any question regarding physicals, the student **must not** participate until clearance is given by the school Nurse. .Pink forms go to the coaches, Refer to Student -Athlete/Parent Handbook.*
- \*Coaches do not collect physical forms. The students must give them to the school nurse directly.**

### \_\_\_\_\_ **2. Turn in to Athletic Director:**

- a. Individual Coach's Rules in writing.
  - b. Verification that first aid and CPR certification are up to date and on file.
- \_\_\_\_\_ 3. Hold a pre-season meeting for athletes and parents to go over schedules for physicals and practice sessions. Review with them, in detail, the Student/Parent Handbook and individual coach's rules. Get forms signed at this meeting! Turn the handbook form into the A.D.. Put the permission to treat forms in your medical kits along with the emergency information cards.
- \_\_\_\_\_ 4. Med. Kit stocked and ready-see checklist of materials it should contain.
- \_\_\_\_\_ 5. Emergency Cards (yellow)-complete and in medical kit.
- \_\_\_\_\_ 6. Sign out a key from A.D. to access building, locker room and equipment.
- \_\_\_\_\_ 7. Game Schedule-review it to be sure it is complete.
- \_\_\_\_\_ 8. Selective Classification-any player going through this procedure cannot participate until the process is completed. Therefore, it is your responsibility to identify these athletes early. Refer them to the A.D. for testing before practices begin.(see page 3 for recommendation and testing dates).
- \_\_\_\_\_ 9. Review the Coach's Pledge.
- \_\_\_\_\_ 10. Make sure all equipment is ready for start of season.
- \_\_\_\_\_ 11. Head coaches: hold a pre-season staff meeting with assistant and modified coaches to relay your program expectations and philosophy.
- \_\_\_\_\_ 12. **Turn in to Athletic Director desired transportation times of departure.**
- \_\_\_\_\_ 13. **Turn in complete inventory of equipment, uniforms, supplies, before first contest/scrimmage.**
- \_\_\_\_\_ 14. **Turn in a player roster to A.D. after first week of practice (must match pink slips).**

### In-Season:

- \_\_\_\_\_ 1. Review with players: Student-Athlete/Parent Handbook policies, coach's rules and help support the academic eligibility policy.
- \_\_\_\_\_ 2. Keep regular check on Med. Kit and make sure you have everything you need.
- \_\_\_\_\_ 3. **Report to Athletic Director any injuries, change in player status, problems, etc.**

#### Immediately

**(Any athletes quitting a team must be reported so I can do an exit interview.)**

- \_\_\_\_\_ 4. Carry my cell and home phone number with you wherever you go. Put them in your scorebook so you always have them. Call me immediately whenever there is a problem, injury, fight, etc.
- \_\_\_\_\_ 5. **Model your expectations of your athletes at all times.**
- \_\_\_\_\_ 6. Check your Goals: Are you accomplishing them? Identify any problems? Do you need intervention-help from the Athletic Director or other services? What is your team chemistry? Do you need new challenges for your team? Are you

maintaining variety in your practices to stimulate motivation? What is working for your team? What is not working?

- \_\_\_\_\_ 7. Maintain frequent communications with the Athletic Director, if not daily.
- \_\_\_\_\_ 8. Review emergency procedures, first-aid and CPR techniques.
- \_\_\_\_\_ 9. Disqualification Reporting forms-have copies available for use in a contest
- \_\_\_\_\_ 10. Officials Claim forms-given to officials at each contest (pg. 57).
- \_\_\_\_\_ 11. Follow all guidelines for individual and team practices recommended by NYSPHAA handbook.
- \_\_\_\_\_ 12. For teams that have to limit the numbers of students on their squad, a checklist should be made up to explain to students the procedures for "cutting your squad." Attitude, skills and physical fitness components should be listed as your criteria for selection of athletes.
- \_\_\_\_\_ 13. Once uniforms are handed out, return to Athletic Director numerical rosters.
- \_\_\_\_\_ 14. **Supervise students from the time they report to the time they leave your activity.**
- \_\_\_\_\_ 15. Before you leave the facility after practices and games, be sure all athletes have left the facility.
- \_\_\_\_\_ 16. **Fill out accident report forms for any injuries and return to nurse.**
- \_\_\_\_\_ 17. Stay abreast of coaching techniques and strategies pertaining to your sport.
- \_\_\_\_\_ 18. Promote sportsmanship at all levels of your program.
- \_\_\_\_\_ 19. Cooperate and work with all coaches on our staff to promote H.S. athletics.
- \_\_\_\_\_ 20. Return all forms when requested.
- \_\_\_\_\_ 21. **Complete a list of squad members who completed the season. Award list and team record to Athletic Director within one weeks of completion of season(Pg 55).**

**Post-Season:**

- \_\_\_\_\_ 1. **Do a complete inventory and turn it in to the Athletic Director.**
- \_\_\_\_\_ 2. Secure all equipment in a locked area.
- \_\_\_\_\_ 3. A complete requisition for equipment, supplies and uniforms (if your turn in rotation) submitted to A.D. for next season. Your requisition must include amount, item, catalog #(attach photocopy & phone#), color, sizes and price. If the requisition is not complete, it will be returned to you.
- \_\_\_\_\_ 4. **Return key(s) to Athletic director.**
- \_\_\_\_\_ 5. **Attend and present awards at the Athletic Awards Ceremony.**

Any additional comments you might have on improving your programs for next year, please add to the bottom of this page.

\_\_\_\_\_  
Signature of Coach

\_\_\_\_\_

## ***SOUTH SENECA COACHING DIRECTORY 2008-2009***

<b><u>POSITION</u></b>	<b><u>NAME</u></b>	<b><u>WORK</u></b>	
Superintendent	Janie Nusser	869-9636 x 1434	
Athletic Director	Jack Guinan	869-9636 x 1413	(C) 607-227-1651
H.S. Principal	Bob Waller	869-9636 x 1406	
M.S. Principal	Bob Fitzsimmons	869-9636 x 1162	
Transportation	Shelley Johndrew	869-9636 x 1420	
<b><u>COACHES:</u></b>			<b><u>HOME</u></b>
Football	Tyrone Thomas	315-246-6354	
	Brian Oddi	315-729-9861	
	Ken Ovenshire	315-536-8609	
	Bill Wech	NA	229-8394
	Brian Reed	NA	342-4609
Cheerleading	Chris Williams	869-9636 Ext. 1306	582-7021
	Shelley Reynolds	869-9636 x 1434	
Boys Soccer	Dan Lent	738-8854	582-6760
	Mike Johndrew	592-0702	869-5738
Girls Soccer	Paul Bero	1-315-585-6040	716-208-4650
	Cindy Brewer	869-9636 x 1112	869-5664
	Nicole/Tom Hayward	535-9866	532-8583
Volleyball	Christa Butterer	869-9636 x 1206	315-729-6358
	John Gilfus	869-9636 x 1119	387-7590
Golf	Ray Zajac	869-9636 x 1114	582-6065
Boys Basketball	Dan Lent	315-789-1695	582-6760
	Roger Clemenson	869-5391	869-9582
	Tim Crane	315-729-9861	869-5018
	Dan Neville	869-9636	
Girls Basketball	Everett Babcock	869-9636	869-2161
	Christa Butterer	869-9636 x 1206	315-729-6358
	Steve Crane	869-9636	532-4723
	Tim Crane	1-315-729-9861	869-5018
Wrestling	John Barkee	869-9636 x 1120	No Phone
	Dave Poulsen	869-9636 x 1109	607-582-6625
	Dan Erickson	279-3156	532-4865
	Ken Sweet	9-5111X4550	869-9745
Bowling	Cindy Brewer	869-9636 x 1112	387-5664
Baseball	Brian Oddi	315-539-1550	315-729-9861
	Tim Crane	540-220-8347	869-5018
	Steve Crane	869-9636 x	582-7029
Softball	Anne Matthey	869-9636 x 1127	869-9235
	Heather Coonradt	869-9636 x 1206	315-415-9713
	Joe Brewer	869-9636 x 1168	869-5664
Track and Field	Ken Ovenshire (B)	315-536-8609	
	Stephanie Ager (G)	315-877-8160	

## GENERAL GUIDELINES

### **PRACTICES:**

As a general school policy, there are to be no **Sunday** practices. NYSPHSAA Regulations state that no student or team be permitted to participate on seven consecutive days of a calendar week. If, due to a Sectional or special conflict, a Sunday practice is necessary, it must be approved through the Athletic Director and by the Superintendent. It will not be a required practice session.

When school is canceled or dismissed early due to weather or emergency reasons all athletic activities will also be postponed (canceled for that day).

### **CONFLICTS WITH OTHER EXTRA CURRICULAR ACTIVITIES**

These should be mutually worked out, well in advance between the coach and advisor along with the parent and athletes involved. Competition takes priority over practice. Athletes and parents must realize coaches have responsibilities to be fair to the team members present, as well as those missing practice, and that may mean someone who misses practice(s) for whatever reason(s) may have their position or playing time adjusted accordingly.

### **CUTTING SQUAD MEMBERS**

When it is necessary to “cut” the number of candidates trying out to a final team roster, (which is only done at the junior varsity and varsity levels at South Seneca C.S.D.) all coaches must:

1. Clearly explain the criteria for making the squad to the team at or before the first practice.
2. Talk with each individual privately as to the reasons why they are not going to be part of the team (parental conversations may also be necessary and encouraged). Documentation of individual performance is recommended through the use of player evaluation instruments:  
Ex.: checklists, rating scales, scoring sheets, etc. See the Athletic Director if you need assistance developing an evaluative instrument! These instruments offer very valuable feedback to athletes and concerned parents when a player is “cut” from a program.
3. **Reduce any further embarrassment to the individual by not posting the final roster in a public place** (inside the P.E. office may be the best place, or a congratulatory call or letter to the players that make the team).
4. Inform the A.D. of “cuts” and indicate any anticipated parental discomfort.
5. **Maintain documentation used to evaluate athletes (ex. Checklists, rating scales, player evaluations, judging sheets, etc.) until the completion of the season.**

### **DISMISSING A SQUAD MEMBER**

Dismissal of a player is done by the Athletic Director and/or Building Principal. Coaches, desiring to dismiss an athlete, should inform the athlete that they are “suspended until they meet with the Athletic Director.” Coaches should document reasons they feel an athlete should be dismissed and contact the Athletic Director immediately.

### **DISQUALIFICATION FORMS: (These must be with you at all events)**

For coaches and athletes--they are enclosed in this handbook and on the back of the official pay voucher. Additional forms are available in the Athletic office. These must be properly filled out by the coach and official **immediately** after the competition. This is a NYSPHAA, Section V and League Regulation. The coach must contact the Athletic Director regarding the disqualification within 24 hours.

## DISQUALIFICATION CONT.

### DISQUALIFICATION REVIEW:

The Athletic Director will review all disqualifications and administer any necessary disciplinary measure to athletes and/or coaches.

### DISQUALIFICATION FORFEITURE:

If a coach is disqualified during a competition, another certified coach (New York State and South Seneca Central School approved) may “take over” to finish the contest. If no certified coach is available, the contest is over – we forfeit. **Note:** This policy would also be in effect if a coach has a “medical problem” that causes him/her to be unable to continue as a coach.

### DISTURBANCES:

If a disturbance prevents the normal performance of a player or coach, at home contests, South Seneca coaches will inform referees, opposing coach, athletic director, and persons causing the disturbance that if they do not desist, the police will be called and charges will be pressed. At away contests, the visiting coach (South Seneca) will request the official to contact the home coach and instruct him/her to control the situation. If the situation is not corrected, the South Seneca team will leave only as a last resort. **However, the safety of your players is of utmost importance.**

### TRANSPORTATION:

1. Enforce bus rules for behavior and safety. **It is recommended that all players wear a seatbelt at all times.**
2. An athlete may go home with a **parent/guardian only**, from an away contest (by state law, athletes are not permitted to ride with anyone other than a parent or guardian). Parents should present such a request in writing to the **athletic director or principal** prior to leaving for the contest.
3. The school coach is responsible for the athlete to and from contests. **Bus drivers must be advised as to number of students going to and returning from the contest.**
4. Coaches must obtain a transportation handbook from the A.D. or Building Principal to completely familiarize themselves with South Seneca Transportation Rules. Coaches must review this information with their athletes.
5. **\*\*\*There is absolutely no indecent exposure on the bus at any time. This is a violation of the law! Athletes may not dress or undress on the bus at any time and it is the coach's responsibility to enforce this.\*\*\***
6. Coaches must inspect the bus upon return from any trip to make sure it is clean and all belongings and equipment have been removed.
7. **Only those persons affiliated with a team are to ride on the team bus. Player buses are not to be used to transport spectators. It is the responsibility of each player to advise his or her parent of when the bus is expected to return from an away trip.**

**South Seneca Central Schools**  
**Athletic Department**  
**Information for Student Athletes and Their Parents**  
**Regarding Participation in Athletics**

**2009-2010**

**Philosophy Statement**

The South Seneca Central Schools Athletic Program is an integral part of the education process at South Seneca Central Schools. The program is designed to promote and encourage students and the school community to play an active role in the sports program, either as participants or spectators. The Athletic Program is designed to give all students, males and females alike, access to a wide variety of opportunities to participate in organized sports competitions.

The goal of the athletic program is to develop a competitive program, which teaches students, athletes, and the school community values such as sportsmanship, health education, and scholastic attainment. The program is designed to occupy a position in the South Seneca Central Schools' curriculum comparable to that of other subjects and to aid in promoting student morals and well-being.

The number one priority of the South Seneca Central Schools is to educate the whole child - first, by stimulating the intellect academically and, second, by providing opportunities for students to participate in activities designed to develop the social, physical, and ethical values necessary to become a productive member of society. Extracurricular programs, such as participation on an athletic team, help to provide such experiences and are considered an integral part of our school's curriculum. The athletic program at South Seneca Central Schools is viewed as an extension of the classroom.

## Code of Conduct

**Note: South Seneca Central School District's Code of Conduct is available in its entirety at any school office or on the SSCS web site:**

Participation in the Athletic Program is a privilege that carries with it responsibilities to the school, to the team, to the student body, and to the community. When an athlete accepts this privilege, he or she must also live up to a Code of Conduct and assume responsibility as an ambassador for the South Seneca Central Schools. This responsibility applies whether the student athlete is on campus, off campus, or at a competitor's school and also applies during both the sporting season and the off-season. While all students at South Seneca Central Schools are expected to conform to the school's Code of Conduct, student athletes, because of their visibility, have an additional responsibility to maintain good sportsmanship and a positive attitude in all sporting competitions.

### Training Rule Expectations

It is a proven scientific fact that keeping students from engaging in the use of alcohol, illegal drugs and tobacco will improve their performance and success in their athletic endeavors. For this reason, there are significant consequences in this policy for students who engage in the use of these substances. The reasons for these sanctions are:

- To provide students with a good reason not to participate in illegal activities where alcohol, and other drugs are present;
- To send a positive message of support to those students who do not engage or support by their presence off campus use of alcohol or other drugs;
- To send a message to students and parents that the presence of students at off-campus parties involving the illegal consumption of alcohol and other drugs, when discovered, will result in consequences;
- To send a message that the district takes seriously its commitment to its belief that students should not engage or support through their presence the illegal consumption of alcohol or other drugs.

The basis for the athlete's Code of Conduct is that of good citizenship and sportsmanship. In addition, student athletes are expected to follow local, state and federal laws. Student athletes are also expected to follow the rules and policies of the school district and the athletic department. Student athletes are expected to refrain from bad behavior, both on and off school property, and expected to comport themselves as role models.

**Some examples of conduct that are unacceptable for student athletes both on and off campus include but are not limited to:**

**Section A Inappropriate Conduct:**

Truancy/Illegal absences from school or classes  
Insubordination  
Assault  
Fighting  
Disrespectful behavior or disorderly conduct  
Vandalism  
Violation of the rights of others  
Cheating  
Harassment and Hazing

*“Hazing” refers to any activity expected or required of someone joining a group, or to maintain or achieve full status in a group, that humiliates, degrades or risks emotional or physical harm, regardless of the person’s willingness to participate in such activities.*

**Section B Alcohol, Tobacco, Drugs & Illegal Substances:**

Possession or use of tobacco products  
Using/possessing an alcoholic beverage  
Implying use of an alcoholic beverage, drugs or illegal substances  
Using/possessing an illegal drug or drug paraphernalia  
Drugs not prescribed by a physician  
Possession by association

*Student-athletes who at an event where it is a violation of state law or local ordinance regarding possession, purchase, sale or consumption of alcohol, drugs or illegal substances occurs, whether or not they consume, are deemed to be possession by association of those substances and will be subject to discipline.*

**Consequences for Violating Section A of the Code of Conduct:**

- I. In-Season Violations: A student-athlete who violates the Code of Conduct will be subject to appropriate discipline. Disciplinary actions that may be taken against a student athlete include:
- a single game suspension;
  - a multi-game suspension;
  - a one-year suspension from participating in athletic department activities, or permanent removal from interscholastic athletics.

The Athletic Director and/or the Athletic Review Board will determine the severity of a student athlete's violation of the Code of Conduct and will determine the appropriate level of discipline. Subsequent violations will result in increased penalties for the student athlete.

- II. Out of Season Violations: For violations that occur outside of the student athlete's sporting season, the student athlete may be subject to a penalty involving community service or other consequences as determined by the Athletic Director and/or Athletic Review Board\*.

\* **Athletic Review Board:** The Athletic Review Board will be comprised of the following individuals (based on availability): Athletic Director, Principal or designee, substance abuse prevention coordinator or school counselor, a coach not directly involved in the sport in question or a teacher, two parents and/or community members, and the school resource officer or designee.

## **Consequences for violating Section B of the Code of Conduct:**

### In-Season Violations:

**1st Violation:** Suspension from participation in 30% of the regularly scheduled contests of the team he/she is playing on. Participation in the Mandatory Diversion Program.

**2nd Violation:** If there is a second violation at any time within the student's remaining career as an athlete at South Seneca Central School, the athlete will not be allowed to participate for the remainder of that sports season. **If an athlete's second violation occurs out of season,** the Athletic Review Board will determine the consequences.

**3rd Violation:** **A third offense** at any time within the student-athlete's career will end an athlete's eligibility to participate in any sport at South Seneca Central School.

### Out of Season Violations

Students who violate the training rules when they are out of season (or when school is not in session) shall be required to participate in the Mandatory Diversion Program **and** be required to meet with the Athletic Director, Coach(es), and Parents.

**1<sup>st</sup> Offense:** Parent is informed; student is required to meet with the coach, Athletic Director and a substance abuse counselor; a letter of reprimand is placed in the student's athletic record. Student-athlete is required to attend the Mandatory Diversion Program.

**Any subsequent offense:** Parent is informed; meeting is held with the parent, coach, Athletic Director, athlete, and substance abuse counselor. The consequences and appropriates of the student's continued participation in athletics will be determined by the Athletic Review Board.

**Mandatory Diversion Program:** Any student athlete who violates Section B **of the Athletic Code of Conduct** shall be required to participate in a Substance Abuse Diversion Program developed **and** approved by South Seneca Central Schools. A failure to participate in this program shall result in continued athletic suspension until this requirement is met.

**Implementation of Suspension:** Suspensions shall begin immediately after the athlete is determined to be in violation of the Athletic Code of Conduct and regulations regarding athletic participation. All violations of the regulations and Athletic Code of Conduct shall be maintained in the student athlete's athletic record and the student athlete's history of violations shall be considered when determining appropriate sanctions. ***During a period of suspension, a student athlete shall attend all practices and shall be allowed to participate in practice. On game days, the suspended student athlete will be expected to attend the athletic contest and sit on the bench, but not be in uniform and not participation in team functions.***

## **Loss of Post Season Honors**

Athletes who violate the Athletic Code of Conduct or the regulations relating to participation in the athletic program may be ineligible for post-season awards from South Seneca Central School.

## **Appeal Process**

**Step 1:** The parent must contact the Athletic Director to initiate the appeal.

**Step 2:** The Athletic Director convenes the Athletic Review Board to meet with the student and parent to discuss and present issues. If not resolved at this step, the appeal moves to Step 3.

**Step 3:** The Superintendent of Schools hears the appeal. If not resolved, the appeal moves to Step 4.

**Step 4:** The Board of Education hears the appeal.

*During the appeal process, the student athlete's suspension will remain in effect. If the Athletic Review Board made the initial determination regarding the student's penalty, the first step of the appeal process will be to the Superintendent.*

## **Communication Process**

If a student athlete or his/her parents have a problem during the sport season, the following steps should be taken to resolve these concerns.

**Step 1:** The student athlete should discuss the problem with the coach.

**Step 2:** The student athlete's parent should discuss the problem with the coach.

**Step 3:** If the parent or coach is unable to resolve the problem, the problem should be brought to the attention of the Athletic Director.

**Step 4:** If the Athletic Director cannot resolve the problem, it should be brought to the attention of the Building Principal.

**Step 5:** If the Building Principal cannot resolve the problem, then the problem should be brought to the attention of the Superintendent.

**Step 6:** If the Superintendent is unable to resolve the problem, then, lastly, the problem should be brought to the attention of the Board of Education.

## Requirements for Participation

**1. Physical Examinations:** All students who wish to participate in the Athletic Program must have a current physical. Student-athletes may not practice without a current physical. Physicals are good for one calendar year and physical dates are recertified through the school nurse's office for each season.

**2. Acceptable attendance and behavior:** Students who wish to participate in the Athletic Program must be in good standing and have acceptable attendance and behavior.

**A.** A player cannot attend practice or a game if he/she has an unexcused absence from school on that day. This will result in an unexcused absence from practice.

**B.** A player cannot attend practice or a game if he/she was absent due to illness for any part of the school day unless released in writing by the school nurse and/or a physician.

**C.** Two (2) unexcused tardies to school will be equivalent to an unexcused absence. A tardy is defined as being more than 15 minutes late to school.

**D.** Unexcused absences from practice will result in:

1<sup>st</sup> Occurrence: A record of the occurrence

2<sup>nd</sup> Occurrence: Suspension from the next interschool contest.

3<sup>rd</sup> Occurrence: Suspension from the next two interschool contests.

4<sup>th</sup> Occurrence: Removal from the team for the remainder of the season.

**E.** Family vacations are considered unexcused absences. To ensure eligibility, athletes must present a written note to the attendance office prior to departure. If

the athlete missed more than four (4) consecutive calendar days, upon return, the athlete will be allowed to participate in a contest only after participating in a minimum of one (1) scheduled normal length team practice prior to the next scheduled contest. Athletes who miss practices and /or games due to vacations may be subject to loss of team positioning and /or playing time.

**F.** Players reporting late to practice or a game without acceptable excuses are to receive coaches' discipline. Repeat offenses should receive stronger punitive action with consultation from the Athletic Director. The coach may remove a perpetual offender from the team with agreement of the Athletic Director.

**G.** Illegal absences from a scheduled class, study hall or other assignment will result in the following consequences:

1<sup>st</sup> Occurrence: A record of the occurrence

2<sup>nd</sup> Occurrence: Suspension from the next interschool contest.

Any additional occurrence results in additional contests (each missed occurrence equals one missed contest).

**H.** The assignment of in-school suspension (ISS) or out of school suspension (OSS) is absolutely unacceptable and the following consequences will occur:

- a. **In-School Suspension** (placement by administrative staff)
  - i. 1<sup>st</sup> Occurrence-suspension from the next scheduled practice (may not be in attendance)
  - ii. 2<sup>nd</sup> Occurrence-suspension from the next scheduled contest
  - iii. 3<sup>rd</sup> Occurrence-suspension from the next two scheduled contests
  - iv. 4<sup>th</sup> Occurrence- removal of the athlete from the team for the remainder of the season

**Athletes who are suspended for any contest due to ISS may attend the contest(s) but may not suit up for the contest or participate in any team activities on that date(s).**

- b. **Out of school Suspension** (under no circumstances will an athlete be able to participate in or attend a practice or a contest while serving an OSS. In addition, the following consequences will occur:
  - i. The athlete will be penalized by a minimum of one (1) game suspension if no contests were held during the OSS.
  - ii. A repeated offense in a school year may result in the removal of the athlete from athletic participation based on a decision made by the Athletic Director and/or the Athletic Review Board.

**I.** Any student athlete seen by a physician for an injury must have a release by the school physician or school nurse prior to returning to practice or competition.

J. No practice may take place without the presence of the coach or a certified adult designee.

K. No student will quit a team without first talking with the coach and explaining the reason for leaving the team. Any athlete who quits or is dismissed from the team forfeits all athletic awards for that season and is unable to practice for any other sport until that season is complete.

L. Candidates for teams must try out for the squad during the designated tryout period. This means through the completion of 10 practices from the first day of tryouts. However, Fall sports have until the 3<sup>rd</sup> day of school to try out. This does not apply to transfers students who may try out at any time in compliance with the New York State PHSAA handbook. Candidates who are ill or injured at the beginning of a season should notify the coach that they wish to try out when healthy.

**3. Satisfactory Academic Achievement:** In order to be eligible to participate in the Athletic Program, a student must have achieved, and maintain, satisfactory academic achievement. Please refer to the academic eligibility policy.

**4. Physical Education Requirement For Athletes:** Because of the importance of physical education, all athletes will be required to participate in the full physical education program throughout the year. If an athlete is unable to participate in physical education class on any day they may not participate in a practice or contest on that day.

## STUDENT/PARENT INFORMATION

### TO THE PARENTS

This athletic guide is presented to you because your son or daughter has indicated a desire to participate in our athletic program. Your family interest in and support of our athletic program is most welcome and appreciated. We are dedicated to providing a well managed, organized athletic program that offers opportunities for self-expression, mental alertness and sound physical training. **A parent or guardian will be required to attend the pre-season meeting before your child will be allowed to participate. The meeting will focus on handbook policies and procedures. There will also be a video pertaining to drug and alcohol issues. If you can't attend the meeting we will video tape the meeting and an alternative time must be scheduled with the Athletic Director to view the videos before a student athlete can participate.**

### TO THE STUDENT

A student voluntarily chooses to participate in athletics and is making a choice of self-discipline as well as self-denial. The student who participates in athletics should recognize that they have an obligation to themselves, their teammates, and the school community. We encourage you to discipline your mind and body for rigorous competition, and to strive for excellence.

## **Modified**

The modified program of competitive sports focuses on teaching the fundamentals of the game, skill development, responsibility and sportsmanship, and building an interest in maintaining a sound mind and body. Maximum participation for all is a goal. Winning is not the primary goal, but the desire and will to win is important. Being able to accept winning with pride and losing as a challenge to improve on skills is a more important goal. Modified is a preparatory stage for higher-level competition.

## **Junior Varsity**

At the junior varsity level, emphasis continues to be placed upon skill development and the refinement of those skills. Player development, mastering individual and team fundamentals, and execution of the system taught by the coach are of primary importance. More emphasis is placed on winning at this level.

The junior varsity program prepares athletes for the varsity level of competition. At the junior varsity level, competition is increased. Participation becomes more competitive. While adequate playing time for team members is strongly encouraged, the amount of playing time is influenced primarily by skill level and dedication. Other factors such as sportsmanship, effort during practice sessions, and motivation to succeed are also important considerations.

## **Varsity**

The varsity level of athletic competition is the culmination of the high school athletic program. Playing time becomes very competitive. A more aggressive work ethic and more advanced skill levels are expected. Playing time is earned at this level. It is vital for each team member to understand his/her role and importance to the team.

Team and individual goals are set. Discipline, responsibility, sportsmanship, working as a unit and reaching maximum performance are stressed more for varsity teams. Additionally, goals are to win league titles and qualify for sectional and state competition. At this level, winning is great, losing is motivational; but competing, improving and learning are still the goals of our athletic program.

## **AWARDS**

Letters, pins and certificates are awarded to students who participate on a junior varsity or varsity team. Students participating on a modified team will receive a certificate. A student must complete the entire season including sectional play to be considered for an award.

## **RESPONSIBILITY FOR EQUIPMENT**

Athletes shall assume the responsibility for the proper care and return of all equipment and supplies issued. The athlete will be expected to pay for any damaged, lost or stolen items.

## **INTERSCHOLASTIC ATHLETICS**

Participation in interscholastic athletics will be subject to approval by the Board and will be in accordance with regulations and recommendations of the commissioner of Education and New York State Public High School Athletic Association (NYSPHSAA).

All interscholastic athletic programs will be conducted in accordance with the following requirements:

- Student participation will be voluntary.
- Participation is limited to students in grades 7-12.
- Those teachers having direct responsibility for the conduct of the athletic program of the school will conform in all ways to the general education program as established by the Board, including schedules, financial expenditures, relationships with other schools, state requirements and health and safety regulations.

- The district is a member of the NYSPHSAA and will adhere firmly to the rules and regulations of the body and to the philosophy of sports that it encourages. The eligibility of students to participate in the athletic programs is determined by the association program and the regulations of the Commissioner.
- No student may start practice for any interscholastic athletic team until he/she has passed a physical examination or completed a screening form and written consent has been obtained from the parent. Coach must be issued a 'Pink Slip' from the nurse for that player to participate.
- SSSS participation in interscholastic athletics will be subject to annual approval by the Board.

These contestant rules, from the NYSPHSAA handbook, apply to interschool competition only. Authority for enforcement of these rules is placed with the Director of Athletics and the principal of the building the student attends.

### **CONDUCT AND BEHAVIOR**

Athletes represent themselves, their parent, the school and the community. Proper conduct is expected at all times, on or off the playing field.

- As a member of a team, an athlete should be proud of his/her appearance. Athletes are expected to dress neatly and keep well-groomed. A coach may determine a dress code on the day of a contest.
- An athlete must be willing to dedicate herself/himself to being a scholar athlete.
- The athlete should be aware that nothing worthwhile is accomplished without hard work and a sincere desire to succeed.
- The athlete must also understand this means making a commitment to attending all regular school classes, practices, contests and team meetings. The athlete must be willing to sacrifice his/her own desires for the good of the team.
- Anyone associated with athletics shall use language which is socially acceptable. Profanity, vulgar talk, ethnic or religious slurs will not be tolerated on or off the playing field at any time.
- Athletes are to show proper respect and courtesy to all coaches, teachers, administrators, officials, spectators, facilities, equipment and opponents at all times. You may be suspended from the team for the remainder of the sports season for conduct unbecoming an athlete. The coach will make this decision after consulting with the athletic director and the principal.
- You may be suspended from the team for the remainder of the sports season if you have two unexcused absences from practice, a scrimmage or a game. An unexcused absence is one in which you fail to tell the coach ahead of time that you will not be at practice, a scrimmage or a game; or provided an excuse that is deemed unreasonable by the coach. The coach will make the decision, after consulting with the athletic director and the principal.

### **Transportation**

An athlete may go home with a parent/guardian only, from an away contest (by state law, athletes are not permitted to ride with anyone other than a parent or guardian). Parents must present such a request in writing to the athletic director or principal prior to leaving for the contest.

**SOUTH SENECA CENTRAL SCHOOLS**

**ATHLETIC CONTRACT**

**PARENT PERMISSION**

I give permission for \_\_\_\_\_ to participate in

(Student's Name)

\_\_\_\_\_ during the \_\_\_\_\_ school year.

(Sport and Level)

In giving my permission for my child's participation in this sport, I understand and recognize the potential hazard of participation in this sport and that injuries may occur as a result of this participation. I affirmatively state that my child is also aware of the potential injuries, is in good health, and has no conditions which would prevent participation in this sport or increase the risk of injuries as a result of such participation.

I have read and understand the South Seneca Central Schools Information for Student Athletes and their Parents, including Philosophy, Code of Conduct, and Regulations Concerning Tobacco, Alcohol and Drug Use, understand the requirements applicable to student athletes of the South Seneca Central Schools, and agree to those terms and conditions. I further understand that my child will not be able to start practice until this form is signed and returned to the team coach.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

## TERMS OF AGREEMENT FOR ATHLETIC PARTICIPATION

-

I have read and understand the contents of the South Seneca Central Schools Information for Student Athletes and their Parents, including Philosophy, Code of Conduct, and Regulations Concerning Tobacco, Alcohol, and Drug Use, and agree to those terms and conditions. I agree to be bound by the Code of Conduct and regulations for participation in student athletics. I understand that, by participating in a sport, I am a representative of South Seneca Central Schools and a role model to fellow students and I agree to comport myself in an acceptable and appropriate fashion. I further understand that participation in the Athletic Program is a privilege and not a right and is subject to the rules and regulations of the South Seneca Central Schools.

---

Student's Signature

---

Date

---

Coach's Signature

---

Date

## PARENT-COACH COMMUNICATION

Parents and coaches are two important role models in a child's life, and clear communication between these individuals is essential. The guidelines listed below are intended to clarify school expectations for this relationship.

### Communication parents expect from coaches

- Philosophy of the coach.
- Expectations the coach has for your child and the team.
- Location and times of all practices and games.
- Team requirement: practices, special equipment, out-of-season training, etc.
- Procedures to follow should your child be injured during participation.
- Disciplinary action that may result in your child being denied the right to participate.

### Communication coaches expect from parents

- Concerns regarding a coach's decision, philosophy and/or expectations.
- Notification of any illness or injuries or missed practice.

### Appropriate concerns to discuss with coaches

- Treatment of your child, emotionally and physically.
- Ways to help your child improve.
- Concerns about your child's behavior.

It is very difficult to accept your child not playing as much as you may hope. Coaches are professionals. They make decisions based on what they believe to be best for the program. As you have seen from the above list, certain things can and should be discussed with your coach. Other things, such as those listed below, must be left to the discretion of the coach.

### Issues not appropriate to discuss with the coach

- Playing time
- Team strategy
- Play calling
- Other student-athletes

## COACH-PARENT-ATHLETIC DIRECTOR CONFERENCES

Some situations may require a conference between the coach, parent, and the athletic director, and they are encouraged. However, it is important that all parties involved have a clear understanding of the other's position. To insure this, please follow the guidelines below:

- Contact the athletic director at (607) 869-9636 Ext. 1413.
- The athletic director will investigate all concerns and arrange a meeting with the coach and parents/guardians for resolution.
- **Please do not attempt to confront a coach before or after a contest or practice.** These can be emotional times for both parents and coaches. Meetings of this nature do not promote resolution.

## SELECTION CLASSIFICATION

An athlete is recommended by a coach for the selection classification program. If he/she can successfully meet the requirements, he/she will be allowed to participate in an extended athletic career. Under normal circumstances, a student is only eligible for senior high school athletic competition in a sport for four consecutive seasons commencing with the student's entry into ninth grade. However, by meeting the selection classification requirements established by the NYS Education Department, an athletes' eligibility can be extended to permit participation during six consecutive seasons in the approved sport after entry into seventh grade. See Selection Classification Handbook.

**WARNING TO STUDENT-ATHLETES AND PARENTS**

We (student and parent/guardian) have read the South Seneca Central School Student Athletic Hand Book and agree to adhere to the spirit and policies of the South Seneca Athletic Program. We further understand that By its nature, competitive athletics may be put in situations in which SERIOUS, CATASTROPHIC, and perhaps FATAL ACCIDENTS may occur.

Many forms of athletic competition result in violent physical contact among players, which may result in accidents, strenuous physical exertion, and other exposure to risk of injury.

Students and parents must assess the risk involved in such participation and make their choices to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all the risk of injury. Just as driving an automobile involves choice of risk; athletic participation by high school students also may be dangerous. The obligation of parents and students in making this choice to participate cannot be overstated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairments as a result of athletic competition

By granting permission for your student to participation in athletic competition, you, the parent or guardian, acknowledge that such risk exists.

Students will be instructed in proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practice and competition. Students must adhere to that instruction and must refrain from improper uses and techniques.

As stated, no amount of instruction will totally eliminate all risk of serious, catastrophic, or even fatal injury.

Signing of this form will acknowledge that you have read and understand the information contained in the warning to Student-Athletics and parents.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

SOUTH SENECA ATHLETIC DEPARTMENT  
ATHLETIC DIRECTOR

7263 Main Street  
Ovid, New York 14521

---

Phone: 607-869-9636 Ext. 1413  
Fax: 607-869-9553

Date \_\_\_\_\_

If my child \_\_\_\_\_ is injured during a sporting event, either away from school, or at a home game, I give permission for him/her to be treated at the nearest hospital. I understand that a school official may make the decision to treat my child in the event that I cannot be reached.

\_\_\_\_\_  
(Parent/Guardian Signature)

Emergency Phone: \_\_\_\_\_

Allergies? \_\_\_\_\_

---

Previous medical history which may be relevant?

---

---

**To The Parent**

**I have received a copy of the insurance insert and understand that this is a limited coverage student accident policy and I understand that I am responsible for any financial balance that the schools or my policy doesn't cover.**

*Parent Signature* \_\_\_\_\_

**SOUTH SENECA CENTRAL SCHOOL**

**High School**

Telephone Number: 607-869-9636

7263 Main Street, Ovid, NY 14521

Fax Number: 607-869-9553

**Robert Waller, HS Principal**  
[Rwaller@southseneca.k12.ny.us](mailto:Rwaller@southseneca.k12.ny.us)

**Jack Guinan, Athletic Director**  
[jguinan@southseneca.k12.ny.us](mailto:jguinan@southseneca.k12.ny.us)

**Athletic Competition Health Screening Form**

Name \_\_\_\_\_ Sport \_\_\_\_\_ Grade \_\_\_\_\_

Date \_\_\_\_\_ Birthday \_\_\_\_\_

**THIS FORM MUST BE COMPLETED BY THE PARENT/GUARDIAN AND RETURNED BEFORE OR AT THE TIME OF YOUR STUDENT’S ATHLETIC PHYSICAL.**

**Has your child ever:**

**Been Restricted in gym or sports participation for medical reasons?** \_\_\_\_\_

**Been unconscious or lost memory from a blow on the head (concussion)?** \_\_\_\_\_

**Felt feint, dizzy, had chest pain or a fainting spell during exercise?** \_\_\_\_\_

**Explain** \_\_\_\_\_

**Has your child ever had**

**Convulsion/seizures?** \_\_\_\_\_

**Heart problems?** \_\_\_\_\_

**Fainting spells?** \_\_\_\_\_

**Injury to spleen?** \_\_\_\_\_

**Diabetes?** \_\_\_\_\_

**Neck or back injury?** \_\_\_\_\_

**Rheumatic Fever?** \_\_\_\_\_

**Bladder/Kidney problem?** \_\_\_\_\_

**Arthritiz?** \_\_\_\_\_

**Asthma (related to exercise)** \_\_\_\_\_

**Nosebleed (frequent/severse)?** \_\_\_\_\_

**Allergies/hay fever** \_\_\_\_\_

**Elevated Blood Pressure?** \_\_\_\_\_

**Bee sting allergy?** \_\_\_\_\_

**Explain** \_\_\_\_\_

**Does your child have any of the following:**

**One eye or severe, uncorrectable loss of vision in one or both eyes?** \_\_\_\_\_

**Severe hearing loss in one or both ears?** \_\_\_\_\_

**A single kidney or a single testicle?** \_\_\_\_\_

**Special orthodontic appliances or capped teeth?** \_\_\_\_\_

**Glasses or contact lenses for sports?** \_\_\_\_\_

**Physical handicap either from birth, illness or injury?** \_\_\_\_\_

**Explain** \_\_\_\_\_

**In the past year has your child had**

**Headaches?** \_\_\_\_\_

**Anemia?** \_\_\_\_\_

**Ear problems/hearing loss?** \_\_\_\_\_

**Eye problem/vision loss?** \_\_\_\_\_

**Ankle injury?** \_\_\_\_\_

**Knee injury?** \_\_\_\_\_

**Joint sprain/ligament tear?** \_\_\_\_\_

**Muscle pull?** \_\_\_\_\_

**Fracture of any bone?** \_\_\_\_\_

**Dislocation of any bone?** \_\_\_\_\_

**Dislocation of any joint?** \_\_\_\_\_

**Any previous injury requiring continued treatment?** \_\_\_\_\_

**Any illness or injury requiring physical limitations/absences over 5 days?** \_\_\_\_\_

**Is your child under medical care now?** \_\_\_\_\_ **Taking medicine now?** \_\_\_\_\_

**Explain** \_\_\_\_\_

**I understand that participation in athletics is voluntary, I agree in participation of my student in athletic the athletic program of the school including practice sessions and travel to and from contest. My signature signifies that the above answers are correct.**

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**The sports physical will be held, free of charge at the South Seneca High School in Ovid on \_\_\_\_\_ . Students are strongly encourages to have their physical by our school physician here at the school. If you prefer to use your own doctor, please return this screening form to the nurse before our school physicals so that our school physician can review it. Students will not be allowed to participate in a sport without the completed screening form and a physical.**

**NOTICE TO ALL ATHLETES:**

**This form must be completed and signed by the nurse and given to the coach before you can participate in any sport.**

**John Guinan  
Athletic Director**

---

**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**TO BE COMPLETED BY SCHOOL NURSE**

**PE Date** \_\_\_\_\_ **Interval History received** \_\_\_\_\_

**Sport** \_\_\_\_\_

**Sports participation:**

\_\_\_\_\_ **Approved**          \_\_\_\_\_ **Referred to school physician**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_  
**School Nurse**

**If referred to the school physician:**

\_\_\_\_\_ **Re-qualified**          \_\_\_\_\_ **Disqualified**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

# School Physician

CLAIM NO.
OFFICE USE ONLY

## PUPIL BENEFITS PLAN, INC.

Student Accident Insurance  
101 Dutch Meadows Lane  
Glenville, NY 12302  
TELEPHONE (518) 377-5144  
1-800-393-3301  
FAX (518) 377-3291  
www.pupilbenefits.com



## MEDICAL CLAIM FORM

### SCHOOL SECTION

1. The school authority shall complete the top portion of this claim form. **Please MAIL ORIGINAL claim form and print legibly.**
2. Give original form to the pupil or send to the parent, along with a parent information brochure. The parent must mail original form to us.

### Please Print Legibly

School District \_\_\_\_\_

Building Name \_\_\_\_\_ Phone # \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_

Date of Injury \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Bodily Part Injured \_\_\_\_\_ Age \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Interscholastic Sport _____     | <input type="checkbox"/> Game <input type="checkbox"/> Practice <input type="checkbox"/> Scrimmage   |
| <input type="checkbox"/> Non-Interscholastic _____       | <input type="checkbox"/> Noon Hour Rec <input type="checkbox"/> Intramural                           |
| <input type="checkbox"/> School-Sponsored Activity _____ | <input type="checkbox"/> Phys. Ed. <input type="checkbox"/> Classroom <input type="checkbox"/> Other |

State exactly what student was doing and how the injury was sustained.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was activity supervised by an employee of the district?  Yes  No

I certify that the above named student was enrolled in our district and verify the accident occurred as stated above.

Signature of principal or designated school authority \_\_\_\_\_ Date \_\_\_\_\_

### PROVIDER SECTION

Please attach your itemized bills (UB-92 & HCFA-1500) showing dates of service, with diagnostic & procedure codes on all charges. Balance due statements will not be accepted. Please attach primary insurance explanation of benefits or rejection notice for all charges if insurance is available. PLEASE DO NOT LEAVE THIS FORM AT HOSPITAL OR DOCTORS OFFICE. THANK YOU.

Name of attending Physician \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Tax ID \_\_\_\_\_

MULTIPLAN  
Call  
1-800-546-3887  
For  
Network Referral

Pupil Benefits Plan, Inc. is primary to Tri-Care, Medicaid and Child Health Plus.  
Claims must be filed with us in a timely manner.

For Network  
Provider Information  
For Complete America  
Please call  
1-888-266-9983

**PARENT SECTION**  
**BENEFITS PAID ONLY IN EXCESS OF THOSE OF FAMILY and/or EMPLOYER POLICY(S).**

**TO FILE A CLAIM, USE THE FOLLOWING PROCEDURE:**

1. Parent shall first complete the box below. Parent shall make claim under family and/or employer policy(s).
2. For charges in excess of payments under other policy(s) **submit by MAIL:**
  - A. Completed **original** claim form-**Copies or faxes of original claim form are not acceptable.**
  - B. Itemized bills
  - C. Copy of explanation of benefits or rejection of benefits from primary insurance. --MEDICAL AND DENTAL (If accidental dental injury) .
  - D. If no other coverage is available, comply with steps A & B.
3. **This claim must be submitted in a timely manner.**
4. **Expenses resulting from an accidental dental injury must be submitted to your medical coverage first for accidental dental. Remaining expenses should then be submitted to your dental coverage, if available.**
5. **Pupil Benefits Plan, Inc. is primary to Tri-Care, Medicaid and Child Health Plus.**

**ALL ITEMS MUST BE ANSWERED, DO NOT LEAVE BLANKS**

(if not applicable, answer "none")

**PLEASE PRINT LEGIBLY/ N/A IS NOT ACCEPTABLE**

**AS OF DATE OF INJURY:**

Legal Names of Parents Or Guardians (**MOTHER**) \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(**FATHER**) \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is this child insured under other insurance coverage? [ ] yes [ ] no Medicaid # \_\_\_\_\_  
 Child Health Plus # \_\_\_\_\_

**Name of Insurance Carriers:**

**Medical #1** \_\_\_\_\_ **ID#** \_\_\_\_\_ **Phone#** \_\_\_\_\_  
**Medical #2** \_\_\_\_\_ **ID#** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Dental** \_\_\_\_\_ **ID#** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Name and Address of Employers, At the time of the injury:**

**Father's Company** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Mother's Company** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I authorize Pupil Benefits Plan to issue benefits in connection with this claim directly to the doctor, hospital or any other person rendering services, and such payment shall release Pupil Benefits Plan from liability as to amounts so paid. [ ] **Yes** [ ] **No**

I hereby certify that I have read the answers to all parts of this form and attest that all information supplied is accurate and truthful.

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**SIGNATURE AND DATE REQUIRED:**

Signature of Parent or  
 Guardian **X** \_\_\_\_\_ Date \_\_\_\_\_

**EXCLUSIONS: NO BENEFITS SHALL BE PROVIDED FOR:**

1. Cosmetic surgery, (cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma) sickness, disease, orthodontia treatment.
2. Intentionally self inflicted injuries.
3. Injuries sustained during participation in a felony, riot or insurrection.

**LIMITATIONS:**

1. No benefits will be paid unless the first treatment has been provided within 90 days from the date of injury.
2. No benefits will be paid for treatment after 3 years have elapsed from the date of injury. (Except Open Dental)
3. Covered expenses are payable up to an aggregate maximum not to exceed \$50,000.00 per claim; maximum aggregate dental benefits will be limited to \$1000.00 when treatment extends over 12 months from the date of injury.

Pupil Benefits Plan, Inc. does not have relationships with any third party, affiliated or non-affiliated, where nonpublic financial or health information could be exchanged. Our privacy policy applies to all products and services. All information will be protected as required by law.

# WHAT YOU NEED TO KNOW

## ❖ PLEASE READ THE FOLLOWING:

- ❖ Unfortunately, there are some exclusions and limitations under this plan. There are no benefits provided for cosmetic surgery. Please note cosmetic surgery does not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part. There are no benefits provided for intentionally self-inflicted injuries, or injuries sustained during participation in a felony or riot. This policy does not provide coverage for sickness, pre-existing conditions, disease or orthodontia. Pupil Benefits Plan provides student accident insurance only.
- ❖ Pupil Benefits Plan's student accident insurance assures prompt medical attention and assists with expenses which revert to the parent, since no school may be held legally responsible for them. If medical bills are in excess of our benefit payments, the difference is the responsibility of the parents.
- ❖ If you need special assistance, please call our office. We will be happy to help you in whatever way we can.

## COVERED EXPENSES

Payment will be made to cover 100% of the usual and customary charges for:

- ❖ Medical and surgical care by a licensed physician.
- ❖ Care and services provided at a hospital that are medical in nature.
- ❖ Ambulance service from the site of the accident.
- ❖ Dental care of sound and natural teeth related to accidental injury.
- ❖ Orthopedic appliances, drugs and supplies prescribed by the treating physician.
- ❖ Physiotherapy when provided by a licensed physical therapist and prescribed by the treating physician.
- ❖ Eyeglasses paid up to \$100.00 when loss is related to bodily injury.
- ❖ Chiropractic manipulation is covered.
- ❖ Accidental Death and Dismemberment Indemnity.

**IMPORTANT NOTICE: THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.**

When covered medical, dental and hospital expenses are incurred, Pupil Benefits Plan will make payment to cover 100% of usual and Customary charges. The aggregate maximum per claim is \$50,000.00 with no deductible. Maximum aggregate dental benefits are limited to \$1,000.00 when treatment extends over 12 months from the date of injury. Benefits paid up to 3 years from the date of injury (except Open Dental). Replacement or repairs of previous restorations will be limited to 50% of the usual and customary benefit. Restoration associated with dental claims classified by the plan as “open dental” must be completed within 90 days after the insuree is graduated or has left high school.

## WHAT YOU NEED TO DO

- ❖ When our child is injured in a school sponsored activity, you have 90 days from the date of injury to seek medical treatment.
- ❖ Obtain a claim form from the District and submit itemized bills to Pupil Benefits Plan in a timely manner, even if treatment is not completed. This plan is a secondary, non-duplicating policy. **If you have medical or dental insurance that covers your child, charges must be submitted to your primary insurance first.** Submit the explanation of benefits or rejection from your carrier along with itemized bills to Pupil Benefits Plan.
- ❖ Expenses resulting from injuries to sound and natural teeth should be submitted to your medical insurance even though dental coverage is not available. When an accidental dental injury occurs, your medical coverage will consider charges first.
- ❖ Please answer all questions on the claim form. Blank spaces are not acceptable. Please write legibly.
- ❖ If your child is injured while participating in an interscholastic sport, the physicians discharge date and allowance to return to participation terminates benefits for that injury. Coverage will be reactivated on that date for any subsequent injury.
- ❖ When submitting additional bills at a later date, include the school district, child’s name, and the date of injury.

**PUPIL BENEFITS PLAN, INC.**  
**101 Dutch Meadows Lane**  
**Glenville, NY 12302**  
**1(800) 393-3301**  
**FAX (518) 377-3291**  
**[www.pupilbenefits.com](http://www.pupilbenefits.com)**

Pupil Benefits Plan, Inc. does not have relationships with any third party, affiliated or non-affiliated, where nonpublic financial or health information could be exchanged. Our privacy policy applies to all products and services. All information will be protected as required by law.

## **GUIDELINES FOR IMMEDIATE REFERRAL TO MEDICAL CARE**

1. Loss of breath or pulse
2. Unconsciousness
3. Abnormal limb position
4. Intense pain, or perceived intense pain
5. Rapid or severe swelling
6. Locked joint
7. Excessive joint or limb movement
8. Abnormal pupil dilation
9. Confusion or dizziness

### **Medical Kit: Suggested Supplies Check-Off**

Emergency cards for each athlete  
Sideline mental testing form  
Permission to Treat form  
Band-Aids  
Ace bandages  
Skin lube  
Scissors  
Conform tape  
Tape Adherent  
Pocketface mask

First Aid cream  
Triangular Bandages  
Gauze Pads  
Butterfly bandages  
Antibacterial Cream  
Ice bags  
1 ½" tape  
Pre wrap  
Tongue depressors  
Sterile Gloves

## **FIRST AID-BLOOD/BODY FLUID SPILL**

1. Use of proper protective equipment and adherence to safety procedures in all athletic activities are appropriate prevention strategies for reducing the risk of blood/body fluid spills.
2. Students with open lesion (i.e. cuts, sores, acne with draining lesions) should not participate in close physical contact sports unless the lesions are dry, scabbed over or can be effectively and securely dressed with a bandage or gauze.
3. During practices and competitions, coaches should always have on hand disposable latex gloves, sealable plastic bags, sanitary absorbent material, disposable alcohol towelettes, liquid soap and water, alcohol and bleach or another disinfectant.
4. If an injury occurs and results in a blood/body fluid spill, encourage the individual to clean and dress his/her own wounds, bloody nose, etc. If this is not possible, follow Standard Operating Procedure:
  - a. Wear disposable latex gloves and use disposable towels/clean gauze for each injury.
  - b. Any blood-stained first aid supplies should be placed in a sealable plastic bag.
  - c. Follow proper glove removal procedures and place in a sealable bag.
  - d. Wash hands thoroughly with soap and water using hand washing procedures.
5. If open lesions or wounds have come in contact with blood from another person, the affected area should be scrubbed with soap and running water. A skin disinfectant (i.e. 70% alcohol, Betadine, Hibiclens) should be applied after washing.
6. When the skin is intact, have the player wear gloves and wash his/her own skin using a disposable towel containing soap and water or with soap under running water. Gloves and towels should be discarded in a plastic bag. The player should wash their hands using hand washing procedure.
7. If a player gets blood in the eyes, flood exposed area with running water at room temperature for 1 to 2 minutes, take player to eye wash station if one is available. Report incident to appropriate personnel (i.e. school nurse).
8. If a player gets blood in the mouth, rinse with tap water for 1-2 minutes and spit out. Report incident to appropriate personnel (i.e. school nurse).
9. Do not permit students to share razors.
10. Fluids provided for players should be dispensed in individual, single use disposable cups to prevent saliva transfer among players. Drinking bottles shared among players can be a source of infection. Several outbreaks of viral meningitis have been attributed to this procedure.

**FIRST AID KIT:** Must be on hand for all practices and competitions. These kits must be continuously updated. Medical supplies are available through the Athletic Director.

## SIDE LINE MENTAL TESTING

**ORIENTATION:** (Time, place, person and situation)

Questions to ask the athlete:

1. What is your name?
2. Where are you?
3. Against what team are we playing?
4. What time is it?

**CONCENTRATION:** (Digits test, reciting months of year in reverse order)

Tests to give the athlete:

1. Recite these numbers backwards?  
3 – 1 – 7  
4 – 6 – 8 – 2  
5 – 9 – 3 – 7 – 4
2. Tell me the months of the year in reverse order.

**MEMORY:** (Names of Famous People, Recent Newsworthy Events, Repetition of three disconnected words or objects at 0 and 5 minutes, Details of contest, plays, moves, strategies, etc.)

Questions to ask the athlete:

1. Who is the governor of our state?
2. Who is the mayor of our city?
3. Who is the President of the United States?
4. Here are three words I want you to remember: Cadillac, Capable and Photograph. I will be back in five minutes to ask you to repeat them for me.
5. What does the quarterback do in the game?
6. What's a draw play?

**EXERTION PROVOCATIVE TESTS** (Physical Testing)

Have the athlete perform the following:

1. 40 yard sprint
2. 5 push-ups
3. 5 situps
4. 5 knee bends

(Any appearance of associated symptoms is abnormal e.g., headache, dizziness, nausea, unsteadiness, photo phobia, blurred or double vision, emotional liability or mental status changes).

**NEUROLOGICAL TESTS:** (See video part II)

1. Pupils – Symmetry and Reaction:  
Ask athlete to close and open eyes

2. Cordination-finger-nose-finger-tand.
2. Sensation – Finger-nose (eyes closed)
3. Romberg

## **GRADING SCALE FOR CONCUSSION IN SPORTS**

**GRADE 1 (mild)** Confusion without amnesia  
No loss of consciousness

**GRADE 2 (moderate)** Confusion with amnesia  
No loss of consciousness

**GRADE 3 (severe)** Loss of consciousness

## **GUIDELINES FOR RETURN TO COMPETITION**

**GRADE 1 (mild)**

Remove from contest. Examine immediately every five minutes for the development of amnesia or post-concussive symptoms at rest and with exertion. May return to contest if amnesia does not appear and no symptoms appear for at least twenty minutes.

**GRADE 2 (moderate)**

Remove from contest and disallow return. Examine frequently for signs of evolving intracranial pathology. Re-examine the next day. May return to practice after only one full week without symptoms.

**GRADE 3 (severe)**

Transport from field to nearest hospital by ambulance (with cervical spine immobilization if indicated). Thorough neurological evaluation immediately. Hospital confinement if signs of pathology are detected. If findings are normal, instructions to family for overnight observation. May return to practice only after two full weeks without symptoms.

CNY Regional TBI Support Project  
PO Box 4774, 6075 E. Molloy Rd., Bldg. #7  
Syracuse, NY 13221  
(315) 433-2658

\*Coaches: Remove this page and carry it in your Medical Kit at all times Colorado Med. Soc. Guidelines for Concussion Management.

# Standards & Information

## **NYSPHSAA INC. ELIGIBILITY STANDARDS**

These standards are the rules of the New York State Public High School Athletic Association, Inc. and apply to grades' 9-12. "All schools agree to abide by the minimum eligibility rules adopted by the Central Committee in all interscholastic competitions." NYSPHSAA Inc. Constitution Article II (2). They are effective August 1, 1996.

**1. AGE AND GRADE:** A student shall be eligible for interschool competition in grades 9, 10, 11 and 12 until his/her nineteenth birthday. If the age of nineteen years is reached on or after September 1, the student may continue to participate during that school year in all sports. **NOTE:** Students may be eligible regardless of age or grade if they have been approved through the State Education Department's Selection/Classification Program. The 15 year old below the 9<sup>th</sup> grade needs only to meet selection/classification maturity standards to be eligible at the high school level.

### **2. AMATEUR:**

A student who represents a school in an interscholastic sport shall be an amateur in that sport. An amateur is one who engages in athletic competition solely for the pleasure of the activity and for the physical, mental, and social benefits derived from participation. An athlete forfeits amateur status in a sport by:

- a. Competing for money or other compensation (allowable travel, meals, and lodging expenses may be accepted).
- b. Receiving an award or prize of monetary value that has not been approved by this Association.
- c. Capitalizing on athletic fame by receiving money or gifts or monetary value (scholarships to institutes of higher learning are specifically exempted).

### **3. SIGNING A PROFESSIONAL PLAYING CONTRACT IN THAT SPORT:**

**NOTE:** Only awards or prizes having a monetary value of fifty dollars or less will be approved by the Association.

- a. Instructing, supervising or officiating in any organized youth sports program, recreation, playground or camp activities will not jeopardize amateur standing. Receiving compensation for officiating shall not affect amateur standing.
- b. A student who violates the above rule may apply to the league or to the designated body within that section for reinstatement one year from the date of the last violation.

**4. APPEAL PROCEDURE:** The NYSPHSAA, Inc. is an association of member schools. Therefore, appeals will only be entertained from schools, leagues and sections.

All questions of eligibility and all questions regarding the implementation of the rules and regulations of the NYSPHSAA, Inc. or of any of its subdivisions shall be referred to the league president for a decision unless the league provides for another method for reaching a decision. The league shall be guided by the constitution, bylaws, rules, regulations and sports standards of the league, the section and the association. A school that does not belong to a league may apply to the section president for a decision. All appeals are to be in writing and are to be initiated at the league level.

**5. BONA FIDE STUDENTS:** A contestant must be a bona fide student of the high school represented and must be taking at least four subjects including Physical Education. A foreign exchange student may be considered a bona fide student if all of the eligibility rules are satisfied. A student in an education program in two schools may represent only the home school.

**NOTE:** A student in a shared service part-time or full-time program, taking the equivalent of four subjects including Physical Education, is considered as being registered in the home school. Exceptions for special cases must be approved by League and Section.

A student who satisfies all eligibility standards, enrolled in the equivalent of three subjects as well as meeting the Physical Education requirement, who has not completed requirements for graduation, may be enrolled in one or more college courses for advance placement. The student must be earning a minimum of three high school credits and Physical Education to be eligible.

Students may only be selectively classified between member schools. Furthermore, to be eligible to be selectively classified into member schools' athletic programs a student must be registered in that school district.

The joining together of students from two or more member schools in the same district or close proximity to form a single team shall be permitted subject to the following conditions:

1. Permission must be obtained from their league and section on an annual basis.
2. Section approval must be reported to the NYSPHSAA, Inc. Executive Committee.

**NOTE:** If a combined school team goes beyond sectional level competition, their boys and girls grades 10-12 enrollment shall be combined for state level competition.

**DISQUALIFICATION PROCEDURES**  
**GUIDELINES FOR OFFICIALS**

**A. Disqualification of a Coach**

When a coach is disqualified, the official should ascertain the availability of another certified coach who can assume responsibility for the team, and then employ the following procedures:

1. The disqualified coach shall be removed from the game site.
2. Any coach disqualified before, during or after an interscholastic event for unsportsmanlike conduct will be disqualified from the next scheduled contest at that level of competition and all other contest(s) at any level in addition to any other penalties which Section V may assess. Such disqualification prevents a coach from being present at the game site.

Officials must use discretion in exercising their prerogative as most often these situations call for a high degree of tact. The unruly coach should be dealt with in a stern but courteous manner the very first time actions prompt any cautioning by an official. This will usually forestall any punitive measures having to be taken at a later and more critical time of the game.

**B. Mechanics at Time of Disqualification**

1. Call time out – stop the action.
2. Go directly to the coach, give a direct statement of explanation as to why you are disqualifying him/her. Do not debate the issue. Be professional, courteous and assertive.
3. Go to opposing coach and inform him/her of the nature of the disqualification.
4. Inform official scorer.
5. Resume the game according to guidelines as stated in Section A.

**C. Upon Conclusion of Game**

1. Any questions relative to disqualification should be referred to the Executive Director of Section V. The official is not an enforcer of the disqualification.
2. The official has the responsibility to report each disqualification to the offending school's Athletic Director within twenty-four hours.
3. Failure of an official to follow the prescribed procedures in reporting the disqualification does not void the penalty.
4. A written report on the Section V Disqualification Form must be forwarded to the offending school's principal by the official(s) within three (3) days of the disqualification. A copy of this report must also be forwarded to the official's Chapter President.

## **DISQUALIFICATION OF COACHES**

### **I. Section V Sportsmanship Policy**

The Section V Athletic Association is committed to promoting the proper ideals of sportsmanship, ethical conduct and fair play at all sectional activities. We will oppose instances and activities which run counter to the best values of athletic competition in order to insure the well being of all individual players. We will expect acceptable standards of good citizenship and propriety with proper regard for the rights of others.

We are further committed to the belief that schools participating in sectional activities should be held responsible for the conduct of their players, coaches, faculty members and spectators. Conduct which is detrimental to the educational value of athletic activities may be deemed just cause for the school's reprimand, probation, suspension from a particular sport or suspension from sectional activities.

### **II. Coaches Code of Behavior/Ethics**

1. Promote good sportsmanship by setting a positive example while coaching your athletes.
2. Respect the integrity and judgment of the sports officials.
3. Approach competition as a healthy and constructive exercise, not as a life and death struggle that requires victory at any price.
4. Recognize that the participants in individual or team sports are young men and women with human frailties and limitations, who are capable of making mistakes.
5. Refrain from the use of crude or abusive language with players, opponents, officials or spectators.
6. Instruct the players in the elements of good sportsmanship and remove players from competition who demonstrate unsportsmanlike behavior.
7. Avoid behavior that will incite players, opponents or spectators.
8. Avoid and eliminate negative comments to radio, TV and newspaper reporters.
9. Avoid the use, misuse and negative impact of drugs, including alcohol and tobacco, on the players, spectators and the game.

### **III. Grounds for Disqualification from a Contest/Game**

There are grounds for disqualification when a coach's conduct is unsportsmanlike and unprofessional. When his/her behavior is abusive of players, opponents, officials or insightful of spectators, it is a serious breach of the previously stated Code of Conduct for Coaches.

### **IV. Penalty for Disqualification**

Whenever a coach is disqualified from an interschool contest, he/she is ineligible to coach any interschool competition in that sport until the next previously scheduled contest at that same level has been completed. Should no further contest be scheduled that season, the penalty will be imposed in that sport during the next season. The coach may not be present at the game site or on school grounds during the suspension.

### **V. Responsibility of Enforcement of Disqualification**

The Athletic Director of the offending school is responsible for enforcement of this regulation. If the disqualified person coaches illegally in a contest, that contest is subject to forfeiture pending decision of the Ethics Committee.

## **VI. Procedures for Due Process**

If the offending coach/school feels that the disqualification is unwarranted, an appeal to the Section V Ethics Committee can be made by the following procedures:

1. Contact the Executive Director of Section V orally within 48 hours. State the intent to appeal.
2. The appeal must be in writing and signed within 72 hours by the Athletic Director, Principal, Superintendent.
3. Upon receipt of the written appeal, the Ethics Committee will:
  - (a) review the appeal
  - (b) if appropriate, schedule an appeal hearing
4. The written appeal should include a copy of the disqualification form and a response to the reason for disqualification.
5. The appeal needs to directly address the offending coach's behavior.
6. If an appeal hearing cannot be scheduled prior to the next scheduled contest, the coach will remain disqualified.

## **IV. Clarifications – Disqualification Rule**

The Cardinal Rule is:

Officials officiate the game.

Coaches coach the game.

Players play the game.

Concentrate on your area of the game.

CL 1 Officials are reminded that prudent judgment should be utilized prior to any disqualification. An official may not have a "change of mind" after the disqualification has been enforced. All disqualifications for misconduct of any degree will always carry the additional game penalty.

CL2 Flagrant is a glaring action by a coach which is excessive physical force or unacceptable conduct as adjudged by the game/meet official(s).

CL3 Regular season, postpones or tournament games which are in place prior to the disqualification will be used to satisfy the penalty; any game arranged after the disqualification to be played during the disqualification period will be added to the penalty.

CL4 "Not being physically present at the site" means the disqualified coach is not to be present in the locker room, on the sidelines, in the stands or site area before, during or after the game/meet.



## **DISQUALIFICATION OF PLAYERS**

### **I. Section V Sportsmanship Policy**

The Section V Athletic Association is committed to promoting the proper ideals of sportsmanship, ethical conduct and fair play at all interschool activities. We will oppose instances and activities which run counter to the best values of athletic competition in order to insure the well being of all individual players. We will expect acceptable standards of good citizenship and propriety with proper regard for the rights of others.

We are further committed to the belief that schools participating in interschool activities should be held responsible for the conduct of their players, coaches, faculty members and spectators. Conduct which is detrimental to the educational value of athletic activities may be deemed just cause for the school's reprimand, probation, suspension from a particular sport, or suspension from sectional activities.

### **II. Student Athletes Code of Conduct**

It is the responsibility of the student to:

- (1) Demonstrate self control and respect for others at all times be the officials, spectators or other athletes.
- (2) Remember that participation in athletics is a privilege that is not to be abused by unsportsmanlike conduct.
- (3) Deal with opponents with respect. Shake hands after the competition and congratulate them on their performance.
- (4) Respect the integrity and judgment of the officials.
- (5) Remember that improper behavior while in uniform reflects poorly upon yourself, your family, your school and your community.
- (6) Understand and abide by the rules and regulations of the game.
- (7) Accept victory with grace and defeat with dignity.
- (8) Remember that the use, abuse and resulting negative influence of drugs, including alcohol and tobacco, is detrimental to the game and its participants.

### **III. Grounds for Disqualification from a Contest/Game**

There are grounds for disqualification when a player's misconduct is flagrant and unsportsmanlike. When his/her behavior is abusive of opponents, officials or insightful of spectators, it is a serious breach of the previously stated Code of Conduct for Student Athletes.

### **IV. Procedures When a Player Disqualification Occurs**

- (1) The game official should complete the reporting form and file it according to the listed guidelines.
- (2) The Athletic Director/Principal of the disqualified player(s) school will be expected to investigate the disqualification report and respond to the League President and Section V Executive Director on the form provided within five (5) school days after receiving the disqualification report.
- (3) In the event that the League is not satisfied with actions taken by the offending school, the League could hold a due process hearing and file a report with the Section V Executive Director.

- (4) If the Section or offending school is not satisfied with the decision of the League, a due process hearing could be requested following the format listed on the attached sheet.
- (5) Interscholastic sports programs that have disqualification procedures in place that are more stringent than the proposed procedures will remain in place.

If in the future a particular sport believes it necessary to propose more stringent disqualification guidelines, such proposal would need to have approval of the appropriate League and Section V Athletic Council.



**Section V Athletic Association  
Player's Disqualification Form**

Sport \_\_\_\_\_ Level: Frosh \_\_\_\_\_ Date of Event \_\_\_\_\_

JV \_\_\_\_\_

Varsity \_\_\_\_\_

Home School \_\_\_\_\_ Opponent \_\_\_\_\_

Official(s) Assigned \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Disqualified Player \_\_\_\_\_

School \_\_\_\_\_

Reason for Disqualification:    Unsportsmanlike or flagrant misconduct - Physical (    )

Unsportsmanlike or flagrant misconduct - Verbal (    )

Description: (Use reverse side if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Official Who  
Declared Disqualification \_\_\_\_\_

Date Filed \_\_\_\_\_

This form must be used for all sports.

Referee/Umpire/Official must file this report within three (3) days of disqualification to:

5. Offending School Athletic Director/Principal
6. League President or Designee
7. President of Officials Association:    Mr. Ed Stores,  
5151 Kelly Road  
Wyoming, NY 14591  
Section V Executive Director:

Reminder: The school athletic director must be notified by the official in person or by phone within 24 hours or by the end of the next school day.

It is the responsibility of the school to have a copy of this form available at all home athletic contests.

**GUIDELINES FOR THE**  
**COACHING REQUIREMENTS**

Regulations of the Commissioner of Education

Section 135.4 (c) (7) (i) (c)

and

Section 135.5

The University of the State of New York  
THE STATE EDUCATION DEPARTMENT

February 1999

## **PURPOSE**

In order to help provide a safe environment and successful experience for boys and girls who participate on interschool athletic teams, Section 135.4 (c) (7) (i) (c) of the Regulations of the Commissioner of Education pertaining to physical education include certain minimum requirements for a person to be employed as a coach of an interschool athletic team (see Appendix A). This includes all head coaches and assistants for varsity, junior varsity, freshman and junior high (modified) teams of public schools.

Many times a person who would like to coach an interschool athletic team has little or no preparation to teach sport skills and techniques. The only qualification is often the person's participation on a college or university team, coach of a community youth team or perhaps experience as a professional player. While such experience is valuable, it does not constitute an adequate preparation for coaching an interschool team as an integral part of the school physical education program. Courses in techniques of coaching specific sports are necessary for persons not trained and certified as physical education teachers.

The coach needs to possess an understanding of the social, moral and physical values inherent in secondary school athletics. The coach needs to be aware of the basic philosophy and principles of athletics as integral parts of physical education and the total educational program for children. The coach needs to know the various regulations and rules governing athletics so that the decisions a coach makes will not adversely affect the eligibility of the students or penalize students unfairly.

A man or woman who coaches an interschool team must be capable of protecting the health and well-being of the students by having knowledge of the structure and function of the human body. A coach must have a working understanding of how to properly condition athletes and prevent injuries as well as recognize, evaluate and follow the proper course of action when injuries do occur.

The course requirements in the Regulation of the Commissioner of Education are intended to provide a person with an understanding of the basic philosophy and principles of athletics in education, the health related aspects of athletics and the techniques used to coach a specific sport.

## **WHO SHALL MEET THE REQUIREMENTS?**

Regardless of the experience or teaching certificates a person may have, State Education Law, Article (6), Section 3001b, requires that a person employed as a coach of an interschool athletic team must hold a valid Standard First Aid card from the American Red Cross or meet equivalent requirements approved by the Commissioner of Education prior to the first day of practice. The equivalent requirements such as sports medicine and athletic training courses are discussed later in these guidelines.

In addition to the first aid certificate, all coaches of interschool teams must meet part or all of the course requirements in a pre-service and/or in-service program. Which requirements apply to the individual coach depend upon the nature of the sport to be coached and the coach's previous experience, training and basic teaching certificate. Potential secondary school coaches may possess three different backgrounds: (1) a certified physical education teacher; (2) a teacher certified in an area other than physical education, e.g. English, mathematics; or (3) holds no teaching certificate and must qualify for a Temporary Coaching License.

The following should be noted for each type of background:

1. Certified Physical Education Teachers. A person who holds a valid certificate to teach physical education in New York State may coach any sport in any school, but must meet the first aid requirement prior to starting to coach.
2. Other Certified Teachers. Coaching a secondary school athletic team is considered teaching physical education. However, a person who holds a valid teaching certificate in an area other than physical education may also be employed to coach. The person may either complete appropriate courses or meet the provisions of the "grandfather" clause, as noted below. The "grandfather" clause qualifies a teacher under Section 80.2(c) of the Regulations of the Commissioner of Education to do incidental teaching (coaching) in an area other than the one for which the person holds a certificate.

In addition to the first aid requirement prior to starting to coach, the certified teacher must (a) complete an approved course philosophy, principles and organization of athletics in education within two years from the date of employment as a coach; (b) complete a course on health sciences applied to coaching within three years of employment as a coach; and (c) also, within that same three years, complete a course on theory and techniques of coaching the sport or sports for which he/she is employed. A coach of a non-strenuous/non-contact sport is not required to take the last two courses on health sciences or theory and techniques course (see Appendix B – Course Outlines).

An extension of up to two additional years to complete the last two courses may be obtained if there is sufficient reason given for an extension (see Appendix C – Application Form for an Extension).

A certified teacher in New York State, appointed by a board of education as a coach at a New York State secondary public school prior to September 1, 1974, qualified for a "grandfather clause". A teacher may be appointed to coach any sport in the school district where he or she is under contract as a classroom teacher and only needs to meet the first aid requirement in order to continue coaching in that school district. A teacher who qualifies for the "grandfather clause" may continue to coach any sport in the district from which he or she retired as a

classroom teacher.

A certified teacher does not need to apply for a Temporary Coaching License.

It is the responsibility of the school administration to monitor and require certified teachers to meet all requirements to coach.

3. Non-teacher Coaches. A person who does not hold a current New York State teaching certificate (e.g. physical education, English, mathematics) may be employed as a temporary coach only if there are no certified teachers available with experience and qualifications to coach the team. The non-teacher coach must obtain a Temporary Coaching license from and meet all of the same course requirements for coaching as does the certified classroom teacher. However, the non-teacher coach must have completed or be enrolled in an approved course in philosophy, principles and organization of athletics if they apply for a renewal. There is no provision for an extension of time for non-teachers to meet course requirements.

In order to obtain the initial Temporary Coaching License, evidence of appropriate first aid certification within the past three years must be included with the application. The appropriate fee must be submitted with each application (see Appendix D – Application for a Temporary Coaching License). A license to coach more than one sport can be requested on one application for a single fee. Applications for subsequent annual renewal of a Temporary Coaching License must be accompanied by evidence of satisfactory progress towards completion of the remaining coaching courses.

### **WHO IS RESPONSIBLE FOR COMPLIANCE AND RECORDS?**

It is the responsibility of the board of education to employ only coaches who meet the requirements as outlined in the Regulations of the Commissioner of Education. The chief school officer has the responsibility to see to it that all coaches once employed by the board of education complete the necessary courses and to determine that the coaches are keeping their first aid skill and knowledge current. Each school district must keep permanent records on persons who have been and are currently coaching in the district. It is recommended that the director of physical education and athletics maintain these records. Information on the current coaching staff should be listed in the School District Plan for Physical Education.

### **WAYS OF MEETING THE EDUCATIONAL COURSE REQUIREMENTS FOR COACHING**

The courses required to be completed will depend upon the nature of the sport being coached. In addition to the first aid requirement, a person coaching a non-contact/non-strenuous sport need only complete the philosophy, principles and organization course. This is normally a 3-credit college course or a 45-clock hour non-credit course. Persons coaching contact/strenuous sports must complete additional courses, including a 3 credit or 45 clock hour course dealing with the health related aspects of coaching and a 2 credit or 30 clock hour courses on techniques of coaching for each sport (see Appendix B – Course Outlines and Sport Categories).

Ways in which the education requirements for coaches can be met are:

1. Complete a State Education Department-approved course for coaches offered by approved agencies: schools, leagues, BOCES, colleges, universities or other like agencies; OR
2. Obtain approval for equivalent experience in lieu of attending one or more of the courses. Applications for equivalent experience must be made to the Bureau of Physical Education and Safety Education (see Appendix E – Coaching Requirement Application – Equivalent Experience). Approval for equivalent experience applied to the philosophy, principles and organization courses is seldom given because few people received the practical experiences of working with the specific rules, regulations and interpretations which govern athletics in New York State schools.

The State Education Department does not issue course credit. Credit for courses is only given by approved agencies who offer the coaching courses. Partial or full credit towards fulfillment of required courses may be given for participation in appropriate conferences, clinics, Coaching schools, other courses or experiences that provide knowledge of a comparable nature. Persons who believe they can qualify for such credit should contact a local approved agency for an evaluation of their course experiences. The local agency may exempt persons from class sessions covering topics in which the person's experience is judged to be sufficient.

All coaches must be current in first aid prior to the first day of practice for the assigned sport. First aid for coaches can be completed through various options. Options available include the following (valid for five years for the purpose of coaching):

1. American Red Cross Standard First Aid and Personal Safety course; OR
2. A State Education Department-approved course on Health Sciences Applied to Coaching; OR
3. A State Education Department-approved college or university course on athletic training or sports medicine; OR
4. A State Education Department-approved In-service first aid course; OR
5. A State Education Department-approved college first aid course; OR
6. Equivalent experience attending clinics, workshops, courses or special programs approved by the Commissioner of Education.

A list of State Education Department approved in-service first aid courses is available from the Bureau of Physical Education and Safety Education.

Insuring that all coaches continue to meet requirements for first aid after five years from the date of employment to coach in interschool team is the responsibility of the chief school officer. Every five years the chief school officer must require valid evidence that each coach has kept current with skill and knowledge of first aid.

## **WHO MAY OFFER APPROVED PROGRAMS**

Programs may be offered by colleges and universities, two year colleges, school districts, BOCES, professional organizations, athletic leagues, section athletic councils, athletic associations or other recognized groups or agencies that have received approval from the State Education Department. Agencies or organizations wishing to offer a coaching program should make application to the Bureau of Physical Education and Safety Education and must receive approval prior to implementation.

The materials to be submitted with requests for approval shall include:

1. A description of the content of each course, including the number of hours required per course;
2. The name of the person(s) teaching the course(s), including evidence of their competence to teach the particular course(s);
3. A list of the resource persons and materials that will be used;
4. A statement of time allocations for each course and class session;
5. A description of the evaluation techniques to be used;
6. A statement from the agency indicating it will keep permanent records on persons who complete the courses, where the records will be kept and who will be responsible for them; and
7. A description of the procedure that will be used to determine credit for courses in lieu of attending classes.

The Office of Curriculum and Instruction maintains a list of the approved programs. Call (518) 474-5922 or write to Kent W. Gray, Associate in Physical Education, State Education Department, Room 681 EBA, Albany, New York 12234 for an updated list.



# **ROSTER**

**ALPHABETICAL ORDER BY GRADE (BE SURE TO INCLUDE # YEARS PARTICIPATED)**

\* = Captain; Mgr. = Manager

1. _____	16. _____	31. _____
2. _____	17. _____	32. _____
3. _____	18. _____	33. _____
4. _____	19. _____	34. _____
5. _____	20. _____	35. _____
6. _____	21. _____	36. _____
7. _____	22. _____	37. _____
8. _____	23. _____	38. _____
9. _____	24. _____	39. _____
10. _____	25. _____	40. _____
11. _____	26. _____	41. _____
12. _____	27. _____	42. _____
13. _____	28. _____	43. _____
14. _____	29. _____	44. _____
15. _____	30. _____	45. _____

## **STATISTICS – Team and Individual**

Please list relevant statistical highlights

ie., school/team records, most points, wins, hits, etc.

(Team MVP, MIP, Scholar-Athlete, Exc. Senior, All Trny Teams)

<b>School/Team Records</b>	<b>Individual Honors/Records</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

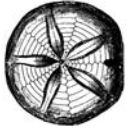
MVP: \_\_\_\_\_ MIP: \_\_\_\_\_

SCHOLAR-ATHLETE(S): \_\_\_\_\_

\_\_\_\_\_

COACHING HONORS EARNED: \_\_\_\_\_

\_\_\_\_\_



# Payroll Notice 2008-2009



**Claim forms for coaching may be submitted at any time, but will only be paid for on the last payroll of the month. See schedule below for pay dates. You are encouraged to submit your claim form in a timely manner (at least a week before the scheduled pay date) to the Athletic Director for approval.**

## **COACHING PAY SCHEDULE**

October 28  
November 25  
December 23  
January 20  
February 17  
March 31  
April 28  
May 26  
June 9

**If you have any questions, please call Bev Hancox at ext. 1433**

**SOUTH SENECA CENTRAL SCHOOL  
FALCONS ATHLETICS  
SEASON END SUMMARY**

SPORT \_\_\_\_\_ YEAR \_\_\_\_\_

LEVEL \_\_\_\_\_ COACH \_\_\_\_\_

**SCHEDULE and SCORES**

	Date	Site	Opponent	<u>Score</u> SS/OP	W-L-T		Date	Site	Opponent	<u>Score</u> SS/OP	W-L-T
1.						13.					
2.						14.					
3.						15.					
4.						16.					
5.						17.					
6.						18.					
7.						19.					
8.						20.					
9.						21.					
10.						22.					
11.						23.					
12.						24.					

**OVERALL RECORD:**      WON \_\_\_\_\_ LOST \_\_\_\_\_ TIED \_\_\_\_\_

**LEAGUE RECORD:**      WON \_\_\_\_\_ LOST \_\_\_\_\_ TIED \_\_\_\_\_

**LEAGUE PLACE FINISH:** \_\_\_\_\_

**SECTIONAL PLACE FINISH:** \_\_\_\_\_

<b>Individual Honors Earned (All County)</b>	
<b>Names</b>	
1 <sup>st</sup> Team	_____
	_____
	_____
	_____
2 <sup>nd</sup> Team	_____
	_____
	_____
	_____
Honorable Mention	_____
	_____
	_____

<b><u>Number of Participants</u></b>		
<b><u>Grade</u></b>	<b><u>Tryouts</u></b>	<b><u>Finish</u></b>
07	_____	_____
08	_____	_____
09	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____
Total	_____	_____



**NEW YORK STATE**  
**SELECTION /CLASSIFICATION PROGRAM**  
**FOR INTERSCHOOL ATHLETIC PROGRAMS**

New York State Learning Standards for  
Health, Physical Education, Family and Consumer Sciences

*"It is not at what age you participate,  
 but rather with whom and under what conditions"*  
*J. Kenneth Hafner*

**MARCH 2005**

The University of the State of New York  
The New York State Education Department  
Office of Elementary, Middle, Secondary  
and Continuing Education  
Albany, New York 12234



**THE UNIVERSITY OF THE STATE OF NEW YORK**

**Regents of The University**

Robert M. Bennett, Chancellor, B.A., M.S.  
Adelaide L. Sanford, Vice Chancellor, B.A., M.A., P.D.  
Diane O'Neill McGivern, B.S.N., M.A., Ph.D.  
Saul B. Cohen, B.A., M.A., Ph.D.  
James C. Dawson, A.A., B.A., M.S., Ph.D.  
Anthony S. Bottar, B.A., J.D.  
Merryl H. Tisch, B.A., M.A.  
Geraldine D. Chapey, B.A., M.A., Ed.D.  
Arnold B. Gardner, B.A., LL.B.  
Harry Phillips, 3rd, B.A., M.S.F.S.  
Joseph E. Bowman, Jr., B.A., M.L.S., M.A., M.Ed., Ed.D.  
Lorraine A. Cortes-Vazquez, B.A., M.P.A.  
James R. Tallon, Jr., B.A., M.A.  
Milton L. Cofield, B.A., M.B.A., Ph.D.  
John Brademas, B.A., Ph.D.

Tonawanda  
Hollis  
Staten Island  
New Rochelle  
Peru  
North Syracuse  
New York  
Belle Harbor  
Buffalo  
Hartsdale  
Albany  
Bronx  
Binghamton  
Rochester  
New York

President of The University and Commissioner of Education  
Richard P. Mills

Chief of Staff  
Counsel and Deputy Commissioner for Legal Affairs  
Kathy A. Ahearn

Chief Operating Officer  
Deputy Commissioner for the Office of Management Services  
Theresa E. Savo

Deputy Commissioner for Elementary, Middle, Secondary, and Continuing Education  
James A. Kadamus

Assistant Commissioner for Curriculum and Instructional Support  
Jean C. Stevens

Assistant Director for Curriculum, Instruction, and Instructional Technology  
Anne Schiano

The State Education Department does not discriminate on the basis of age, color, religion, creed, disability, marital status, veteran status, national origin, race, gender, genetic predisposition or carrier status, or sexual orientation in its educational programs, services and activities. Portions of this publication can be made available in a variety of formats, including braille, large print or audio tape, upon request. Inquiries concerning this policy of nondiscrimination should be directed to the Department's Office for Diversity, Ethics, and Access, Room 530, Education Building, Albany, NY 12234.

## ACKNOWLEDGMENTS

### New York State Selection Classification Committee

#### Mary Caparelli, RN, CSNP

Administrator, Statewide School Health Services Center  
New York State Education Department

#### **Phyllis Danks**

Director of Health, Physical Education and Athletics  
Marcellus Central School District

#### **Nina Van Erk**

Executive Director  
New York State Public High School Athletic Association, Inc.

#### **Harold Fried**

Director of Health, Physical Education and Athletics  
Pine Bush Central School District

#### **Gwen Garcia**

Coordinator of Athletics, Physical Education and Health  
Warwick Valley Central School District

#### **Robert Goldberg**

Chairman, New York State Selection Classification Committee  
Retired Director of Health, Physical Education, and Athletics

#### **Kent W. Gray**

Associate in Physical Education  
New York State Education Department

#### **Lloyd L. Mott**

Assistant Director  
New York State Public High School Athletic Association, Inc.

#### **Doug Prato**

Director of Health, Physical Education, and Athletics Retired  
Commack Union Free School District

#### **John Russo**

Director of Athletics, Physical Education, Health and Safety Education  
Warwick Valley Central School District

#### **Robert C. Zifchock**

Director of Health, Physical Education, Athletics and Safety Education  
Freeport Union Free School District

#### **Contributors**

Don Allen, East Greenbush Central School District Retired  
Janet Carey, Sullivan Central School District Retired  
Cindy Devore, M.D.  
William Dolan, M.D.

Pat Grasso, Laurens Central School District  
J. Kenneth Hafner, New York State Public High School Athletic Association, Inc. Retired  
Dr. Sandra Scott, New York State Public High School Athletic Association, Inc. Retired  
Robert Sullivan, Bayport Blue Point Central School District Retired  
David Wooster, Guilderland Central School District Retired

## PREFACE

With the adoption of *Learning Standards in Health, Physical Education, Family and Consumer Science*, physical education has been included as a content area in the curriculum, along with other academic subjects. Selection/Classification, a process for screening students approved by the Board of Regents as part of the school eligibility rules\* in 1980, is aligned with Learning Standards 1 and 2. These standards state that students will have the necessary knowledge and skills to establish and maintain physical fitness, participate in physical activity, maintain personal health, and acquire the knowledge and ability to create and maintain a safe and healthy environment.

The State Education Department (SED) has worked collaboratively with the New York State Athletic Administrators Association (NYSAAA), New York State Public High School Athletic Association (NYSPHSAA) and directors of physical education/athletics, to promote physical education and interschool athletic competition statewide. This guide to Selection/Classification procedures, the culmination of a two-year revision process, is one result of this collaboration.

The document represents the shared belief of NYSAAA, NYSPHSAA, the directors of physical education/athletics, and SED that physical education and interscholastic athletic competition are important to the development of the whole child and that students benefit when they can participate in such activities at appropriate levels of maturity and physical ability.

Normally, a student is eligible for senior high athletic competition in a sport during each of four consecutive seasons commencing with entry into the ninth grade. However, by satisfying the requirements of Selection/Classification, a student may receive extended eligibility to permit:

- a) Participation during five consecutive seasons in the approved sport after entry into the eighth grade; or
- b) Participation during six consecutive seasons in the approved sport after entry into the seventh grade.

The intent of Selection/Classification is to provide for students in grades 7 through 12 a mechanism allowing them to participate safely at an appropriate level of competition based upon readiness rather than age and grade. Students do not mature at the same rate and there can be a tremendous range of developmental differences between students of the same age. The program is not to be used to fill positions on teams, provide additional experience, provide a place for junior high students when no modified program is offered, or reward a student. Instead, it is aimed at the few select students who can benefit from such placement because of their level of readiness. It will also be *fairer* to the other students on the modified teams.

\*“A Board of Education may permit pupils in grades no lower than seventh to compete on any senior high school team, or permit senior high pupils to compete on any teams in grades no lower than seventh, provided the pupils are placed at levels of competition appropriate to their physiological maturity, physical fitness and skills in relationship to other pupils on those teams in accordance with standards established by the Commissioner.” – Commissioner’s Regulation Section 135.4  
(c)(7)(ii)(a)(4)



## TABLE OF CONTENTS

<a href="#">Acknowledgments</a>	55
<a href="#">Preface</a>	56
<a href="#">How to Use This Guide</a>	58
<a href="#">New York State Learning Standards for Health, Physical Education, Family and Consumer Sciences</a>	59
<a href="#">Implementation Procedures</a>	60
<a href="#">Director of Physical Education/Athletics Selection/Classification Procedure Checklist</a>	62
Attachments	
A. <a href="#">Resolution by Board of Education</a>	64
B. <a href="#">Individual Athletic Profile and Special Approval Request Application</a>	65
C. <a href="#">Parental Permission</a>	67
D. <a href="#">Developmental Screening Male Special Case Request Form</a>	68
E. <a href="#">Developmental Screening Female Special Case Request Form</a>	70
F. <a href="#">Athletic Performance Testing Instructions</a>	72
G. <a href="#">Coach's Sport Skill Evaluation</a>	73
H. <a href="#">Notification of Qualifications</a>	74
I. <a href="#">Athletic Performance Test Components -- Description of Test Items</a>	75
J. <a href="#">Girls' Performance and Development Standards</a>	78
K. <a href="#">Boys' Performance and Development Standards</a>	80
Special Tryout Process Bowling and Golf	83

## How to Use This Guide

New York State Selection/Classification is a model program that may be implemented at the discretion of all local school districts. It is not mandated. Selection/Classification is intended for use by female and male student athletes in grades 7-12, and directly relates to specific interschool sport categories and levels of competition as follows:

### Intermediate

- Grades 7-8

### Commencement

- Grades 7-12

### Sports Categories (Girls and Boys)

- Attachment J (Girls)
- Attachment K (Boys)

### Athletic Competition Levels

- Modified
- Frosh
- Junior Varsity
- Varsity

The main body of this document is organized to assist the director of physical education/athletics in administering all aspects related to Selection/Classification. This includes the following sections:

- Selection/Classification Implementation Procedures
  
- Selection/Classification Procedure Checklist
  
- Attachment Forms

There is great diversity among student athletes throughout New York State. Selection/Classification was designed to assess a student's physical maturation, physical fitness and skill, so that the student may be placed at a level of competition that should result in increased opportunity, a fairer competitive environment, reduced injury, and greater personal satisfaction.

**NEW YORK STATE LEARNING STANDARDS**  
**for**  
**HEALTH, PHYSICAL EDUCATION, FAMILY AND CONSUMER SCIENCES**

Excerpted from:  
New York State Education Department, May 1996

Available online: [www.emsc.nysed.gov/ciai/physed.html](http://www.emsc.nysed.gov/ciai/physed.html)

**STANDARD 1: Personal Health and Fitness**

**Students will** have the necessary knowledge and skills to establish and maintain physical fitness, participate in physical education activity, and maintain personal health.

**STANDARD 2: A Safe and Healthy Environment**

**Students will** acquire the knowledge and ability necessary to create and maintain a safe and healthy environment.

**STANDARD 3: Resource Management**

**Students will** understand and be able to manage their personal and community resources.

# SELECTION/CLASSIFICATION IMPLEMENTATION PROCEDURES

Students, teachers, coaches, or parents/guardians may request the director of physical education/athletics to process a student through the Selection/Classification screening procedure. Students will not be exposed to the screening procedure without a specific request.

If a student in grade 7 or 8 has reached the chronological age of 15 years old prior to September 1, they are eligible to participate on high school athletic teams without being processed through the Selection/Classification screening procedure. Only medical approval by the school district physician is required. The reason that these students are eligible for the high school teams is that they are already at an advanced age and will lose some of their four years of high school eligibility due to being over age if not allowed eligibility.

If a student has been processed through the Selection/Classification screening procedure and participated in the 7<sup>th</sup> grade, the process would not have to be repeated in the 8<sup>th</sup> grade as long as they remain at the same level of athletic competition in the same sport category. If the student changes levels or sports, the Selection/Classification screening procedure must be repeated to meet the specific athletic performance and developmental standards.

If a student fails to meet one or more of the athletic performance standards related to the Selection/Classification screening process, he/she may be retested as many times as is appropriate for a specific item or items. If there is a sound basis for a special approval, it can be requested from the State Education Department (see Attachment B).

In conclusion, the director of physical education/athletics ensures compliance with the Selection/Classification regulations. Working in this capacity, the director of physical education/athletics is required to implement the following required procedural phases:

- Phase 1**      Confirm that the school district has approved a resolution to allow students to participate in the Selection/Classification model program. If no such resolution exists, proper steps should be taken to ensure that this first requirement is accomplished. (see Attachment A Sample Resolution).
  
- Phase 2**      Convene a committee, similar to the mixed competition panel, to perform a pre-evaluation assessment of the student to determine if the student has the potential to successfully participate at a higher level of athletic competition.
  
- Phase 3**      Process a student through the Selection/Classification procedures when requested by the student, recommended by a coach or physical education teacher, or suggested by the director of physical education/athletics. All students who are to be screened for the program must first obtain parental permission and then start with the school physician. Athletic performance testing may be done only after the school physician gives Selection/Classification approval.
  
- Phase 4**      Send letters and forms to the individuals involved in the Selection/Classification process as follows:
  - a. **parents** – The screening procedure must not begin until the director of physical education/athletics has received parental permission (see Attachment C).

b. **Health and Developmental Rating by the School Physician** – Care must be taken to familiarize the school physician with the Selection/Classification model program and its purpose. It should be emphasized that the screening process to determine the developmental rating of each candidate be as inconspicuous and discreet as possible (see Attachments D and E).

c. **Sport Skill Evaluation by the Coach** – The coach must understand the intent and purpose of the program and he/she must place the student's welfare above all else (See Attachment G).

d. **Performance Testing** – The performance test must be administered by a physical educator who is not the coach of the team for which the student is being evaluated (See Attachment I).

e. **Special Approval Request** – If a student is unable to achieve all of the athletic performance testing requirements, the director of physical education/athletics may request special approval from the State Education Department by submitting the Attachment B and the Special Approval Request Application to the Associate in Physical Education. In return, a review process to determine approval or nonapproval will be conducted.

- Phase 5** When final approval related to all procedural requirements of Selection/Classification has been granted to the student, he/she may now participate in the tryout period associated with the higher level of specific athletic competition. Additionally, all New York State Public High School Athletic Association (NYSPHSAA) TryOut Regulations found on page 97 of the NYSPHSAA 2004 2006 Handbook must be followed.
- Phase 6** Mail notices to all schools director of physical education/athletics and section officials announcing the students approved to participate in Selection/Classification and listing their athletic performance scores (See Attachment H). Mail a letter to the parents of the child explaining the outcome of the screening procedure and outlining the eligibility limitations for their child.
- Phase 7** The director of physical education/athletics must maintain a permanent Selection/Classification record for each student who qualifies. This record is to remain on file in the director's office. The following information must be included:
- Individual Athletic Profile (Attachment B)
  - Parental Permission (Attachment C)
  - Developmental Screening
    - (Attachment D – Males)
    - (Attachment E Females)
  - Athletic Performance Testing (Attachment F)
  - Coach's Sport Skill Evaluation (Attachment G)
  - Notification of Qualifications (Attachment H)
  - Letter to Parent

**DIRECTOR OF PHYSICAL EDUCATION/ATHLETICS**  
**SELECTION/CLASSIFICATION PROCEDURE CHECKLIST**

**STUDENT NAME:** \_\_\_\_\_

DATE \_\_\_\_\_

**PARENTS**

Correspondence sent out

DATE \_\_\_\_\_

Discussions took place

DATE \_\_\_\_\_

Permission slip returned

DATE \_\_\_\_\_

**MEDICAL APPROVAL**

Correspondence sent out

DATE \_\_\_\_\_

Evaluation returned

DATE \_\_\_\_\_

**COACH'S SKILL EVALUATION**

DATE \_\_\_\_\_

Correspondence sent out (if applicable)

DATE \_\_\_\_\_

Evaluation returned

DATE \_\_\_\_\_

**ATHLETIC PERFORMANCE**

DATE \_\_\_\_\_

Correspondence sent out

DATE \_\_\_\_\_

Test results returned

DATE \_\_\_\_\_

**TRYOUT EVALUATION**

DATE \_\_\_\_\_

Correspondence sent out (if applicable)

DATE \_\_\_\_\_

Evaluation returned

DATE \_\_\_\_\_

**INDIVIDUAL ATHLETIC PROFILE**

DATE \_\_\_\_\_

LETTER SENT TO SCHOOLS/SECTION (copy)

DATE \_\_\_\_\_

PARENT LETTER (copy)

DATE \_\_\_\_\_

# ATTACHMENT

# FORMS



**RESOLUTION BY BOARD OF EDUCATION**

WHEREAS, Section 135.4(c) (7) (ii) (a) (4) of the Regulations of the Commissioner of Education provides for a board of education to permit pupils in grades no lower than seventh grade to compete on interscholastic athletic teams organized for senior high school pupils, or senior high school pupils to compete on interscholastic athletic teams organized for pupils in the seventh and eighth grade; and

WHEREAS, these pupils are to be placed at levels of competition appropriate to their physiological maturity, physical fitness and skills in relationship to other pupils in accordance with the standards established by the Commissioner of Education; and

WHEREAS, the State Education Department issues the standards for these pupils to compete under a program called the Selection/Classification Program;

THEREFORE BE IT RESOLVED that the           (name of school district)           Board of Education shall permit pupils to compete under the Selection/Classification Program in all sports.\*

**\*NOTE:** If any limitation is to be placed on the Selection Classification Program (example: specific sports or specific levels) it shall be specified within the content of the Board of Education resolution.



SELECTION/CLASSIFICATION

**INDIVIDUAL ATHLETIC PROFILE**

(PLEASE PRINT OR TYPE)

**PART I – SCHOOL INFORMATION FOR 20\_\_ - 20\_\_**

School _____	Superintendent _____
Address _____	School Physician _____
City _____	Director of P.E./Athletics _____
Zip Code _____	Phone ( ) _____

**PART II – PUPIL INFORMATION**

Name _____	Date of Birth _____	Age _____
Height _____ (inches)	Weight _____ (lbs)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
		Grade _____

**PART III – EVALUATION INFORMATION**

Sport _____	Desired Level _____ (Varsity, Jr. Varsity, Frosh, Modified)
Parental Permission Received: <input type="checkbox"/> (Check)	
Medical Approval: <input type="checkbox"/> (Check)	Examination Date ____/____/____

DEVELOPMENTAL RATING:

Female: Post Menarche Age (Years + Months) Developmental Rating:	Male: Developmental Rating:
--	--------------------------------

ATHLETIC PERFORMANCE TEST RESULTS:

Shuttle Run [ ] (1/10 sec)	Standing Long Jump [ ] (feet + inches)	Fixed Arm Hang [ ] (seconds)	Stomach Curls [ ] (number)	50-Yard Dash [ ] (1/10 sec)	1.5 - Mile Run [ ] (min + sec)
----------------------------------	--	------------------------------------	----------------------------------	-----------------------------------	--------------------------------------

**PART IV – SPORTS SKILLS**

Prior Sports Experience: \_\_\_\_\_

Coach's Rating in Desired Sport: (check)

Below Average     Average     Above Average     Superior

**PART V – FINAL PLACEMENT**

CHECK LEVEL OF FINAL PLACEMENT AFTER ALL PROCEDURES HAVE BEEN COMPLETED:

VARSITY     JR. VARSITY     FROSH     MODIFIED

SEE THE REVERSE SIDE FOR SPECIAL ATHLETIC PERFORMANCE APPROVALS FROM THE STATE EDUCATION DEPARTMENT

## SPECIAL APPROVAL REQUEST APPLICATION

If the pupil listed on the reverse side of this form is unable to achieve the Athletic Performance requirements for the Selection/Classification Program and there is a justified reason for this student be allowed to compete at the desired level despite the unachieved scores, the director of physical education/athletics may request special approval from the State Education Department for permission for this pupil to compete.

Please note that the State Education Department cannot give such an approval unless the school physician has given this pupil an acceptable developmental rating or signed the special case form. Please attach a copy of the developmental rating form signed by the school physician.

Mail this request to: **New York State Education Department**  
**Physical Education**  
**Office of Curriculum, Instruction,**  
**and Instructional Technology, Room 320 EB**  
**Albany, NY 12234**



This pupil is unable to achieve the physical fitness scores for the following items for _____ <div style="text-align: right;">(Sport - Level)</div>						
	Shuttle Run	Standing Long Jump	Flexed Arm Hang	Stomach Curls	50 - Yard Dash	1.5 - Mile Run
Pupil Scores						
Required Scores						

I request that special approval for \_\_\_\_\_ be granted for the following reasons:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Director of Physical Education/Athletics

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date

**STATE EDUCATION DEPARTMENT USE ONLY**

**APPROVED**       **DISAPPROVED**

**COMMENTS:**

SIGNED: \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_



PARENTAL PERMISSION

Dear Parent/Guardian:

There is a New York State program that permits a few qualified students to participate on an athletic team beyond their grade placement. It is called the Selection/Classification Program.

Your child \_\_\_\_\_ (name) may be eligible to participate in \_\_\_\_\_ (sport) above normal grade level. In order to establish the appropriate eligibility, we must have your permission to begin the Selection/Classification screening process. This screening evaluates your child's physiological maturity, athletic performance abilities (physical fitness), and athletic skill in relationship to other student athletes at the specific participation level. The school physician will evaluate your child using the Tanner Scale, to determine his or her physiological maturity.

If your child can successfully meet the requirements of the Selection/Classification Program, he/she will be allowed to participate in an extended athletic career. Under normal circumstances, a student is only eligible for senior high school athletic competition in a sport for four consecutive seasons commencing with the student's entry into the ninth grade. However, by meeting the Selection/Classification requirements established by the New York State Education Department, your child's eligibility can be extended to permit:

- a) Participation during five consecutive seasons in the approved sport after entry into the eighth grade; or
- b) Participation during six consecutive seasons in the approved sport after entry into the seventh grade.

**It is important for you and your child to understand that once the requirements are met and he/she is accepted as a member of the team, he/she cannot return to a lower level team (modified) in that sport in that season. Your child will be exposed to the social atmosphere that is inherent to older students and the high school environment.**

Please feel free to contact me regarding this program or to discuss any aspect of your child's athletic placement. If you agree to allow your child's participation in this program, please sign and return the parental permission form to my office.

Sincerely,

\_\_\_\_\_  
Director of Physical Education/Athletics

\_\_\_\_\_  
PARENT/GUARDIAN STATEMENT

I understand the purpose and eligibility implications of the Selection/Classification Program. My son/daughter \_\_\_\_\_ (name) has my permission to participate in the Selection/Classification Program.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_



\*\*\*\*\* SPECIAL CASE \*\*\*\*\*

*If this boy does not qualify for the developmental rating required by using the standards of the maturity scale on the reverse side of this form, but in your opinion he can safely compete with older boys at the level of play indicated below, you as the school physician may give him approval as a SPECIAL CASE.*

STUDENT: \_\_\_\_\_

SPORT: \_\_\_\_\_

**Physician Statement:**

I give my permission for this boy to participate on the team for this sport at the level indicated below:

(Check appropriate level)

Varsity       Jr. Varsity       Frosh       Modified

I realize he did not meet the requirements for this sport using the maturity scale for the Selection/Classification Program, but in my opinion he can safely compete with older boys. I, therefore, give him SPECIAL APPROVAL to play provided he can achieve the required scores on the athletic performance tests and has skills satisfactory to the coach.

NOTE: Before signing, be sure to read the above physician statement carefully.

Signed \_\_\_\_\_

School Physician      Date \_\_\_\_/\_\_\_\_/\_\_\_\_



\*\*\*\*\* SPECIAL CASE \*\*\*\*\*

*If this girl does not qualify for the developmental rating required by using the standards of the maturity scale on the reverse side of this form, but in your opinion she can safely compete with older girls at the level of play indicated below, you as the school physician may give her approval as a SPECIAL CASE.*

STUDENT: \_\_\_\_\_

SPORT: \_\_\_\_\_

**Physician Statement:**

I give my permission for this boy to participate on the team for this sport at the level indicated below:

(Check appropriate level)

Varsity      Jr. Varsity      Frosh      Modified

I realize she did not meet the requirements for this sport using the maturity scale for the Selection/Classification Program, but in my opinion she can safely compete with older girls. I, therefore, give her SPECIAL APPROVAL to play provided she can achieve the required scores on the athletic performance tests and has skills satisfactory to the coach.

Signed \_\_\_\_\_

School Physician      Date \_\_\_\_/\_\_\_\_/\_\_\_\_



**ATHLETIC PERFORMANCE TESTING  
INSTRUCTIONS FOR THE TESTER**

\_\_\_\_\_ (name) has been approved by the school physician to take the Athletic Performance Test components for the sport indicated below. Please proceed with the testing as described in Attachment I and in the following manner:

1. Refer to the instructions on administering the six-item Athletic Performance Test. Read Attachment I and the Description of Athletic Performance Test Items carefully.
2. The test can be given in any time frame and in any order. Any of the six-items may be retested as many times as desired. Please note that the entire six-items may not be required in some sports. Test only those items required for the sport that the student would be playing. Only the best scores should be recorded.
3. Encourage the student to do his/her best on each test item. Before commencing with the test, inform the student of the minimum requirement for each component in order to qualify (See Attachment J).
4. Return this score sheet to the director's office as soon as the test is completed.

**ATHLETIC PERFORMANCE TEST SCORES**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_  
 Desired Sport \_\_\_\_\_ Desired Level \_\_\_\_\_  
 Test Administered By \_\_\_\_\_ Date \_\_\_\_\_

<u>Components</u>	<u>Score</u>	
SHUTTLE RUN (nearest tenth)	<input style="width: 50px; height: 20px;" type="text"/>	1/10 seconds
STANDING LONG JUMP (feet and inches to nearest inch)	<input style="width: 50px; height: 20px;" type="text"/>	feet + inches
FLEXED ARM HANG (nearest second)	<input style="width: 50px; height: 20px;" type="text"/>	seconds
STOMACH CURLS (one for each <u>completed</u> movement)	<input style="width: 50px; height: 20px;" type="text"/>	number
50 - YARD DASH (nearest tenth of a second)	<input style="width: 50px; height: 20px;" type="text"/>	1/10 seconds
1.5 - MILE RUN (minutes and nearest second)	<input style="width: 50px; height: 20px;" type="text"/>	min + sec



## COACH'S SPORT SKILL EVALUATION INSTRUCTIONS FOR THE COACH

Coach \_\_\_\_\_

Sport \_\_\_\_\_ Level \_\_\_\_\_

\_\_\_\_\_ (student's name) is a candidate for the Selection/Classification Program. As the coach of the team, your complete assessment of his/her skill level is an important factor in this process. Please complete and return this form as soon as possible. The student's parents have given their child permission and the school physician has cleared him/her to be evaluated by you.

1. If you are familiar with the candidate, please write an evaluation of his/her skill level on the back of this sheet. Supporting information would be helpful in determining proper placement, so be specific. If you are not familiar with the candidate, I would appreciate it if you would contact his/her former coaches for their assessment and schedule a short "audition" session if practical.
2. What level of play would you recommend for this student? \_\_\_\_\_ (level) Is it likely he/she would be in the starting lineup?  Yes  No

If not, what percentage of quality playing time would you estimate he/she would receive at that level? \_\_\_ %

**NOTE:**

Students elevated to advanced levels of competition by this process should be few and far between. The program is intended only for the unusually gifted athlete who has the physical maturity and athletic skills to be placed beyond other youngsters in his/her chronological age bracket. Abuses in the program by the decision makers who seek to satisfy the needs of the team rather than considering the well-being of the individual cannot be condoned. There are many potential social/emotional pitfalls that must be avoided, and once a student is elevated, the decision is irreversible. Please keep in mind that no practices may be attended until you are notified by the director's office that the student's parental permission has been granted and the student has successfully completed an athletic health appraisal and development screening by the school physician.

3. Rate this student's skills relative to other members of the team.

Below Average     Average     Above Average     Superior

\_\_\_\_\_  
Coach's Signature

\_\_\_\_\_  
Date



**NOTIFICATION OF QUALIFICATIONS**

TO: Executive Director, Section \_\_\_\_\_ Date \_\_\_\_\_

FROM: Director of Physical Education/Athletics School \_\_\_\_\_

SUBJECT: Selection/Classification – Qualified Students Season:  Fall  Winter  Spring

Please accept this as official notification that the following student(s) successfully completed the requirements of the January 2005 Revised Selection/Classification Program:

				ATHLETIC PERFORMANCE SCORES					
				Shuttle Run	Standing Long Jump	Flexed Arm Hang	Stomach Curls	50 - Yard Dash	1.5 - Mile Walk/Run
Name	Grade	Sport	Level						
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									

cc: A copy of Notification of Qualifications should be forwarded to the office of the director of physical education/athletics of each school district scheduled for interschool athletic sport competition (use another sheet for additional names).



**ATHLETIC PERFORMANCE TEST  
SELECTION/CLASSIFICATION**

**Components:**

1. Lower Limbs
  - a) Agility - SHUTTLE RUN
  - b) Explosive power of muscles – STANDING LONG JUMP
2. Upper Body  
Arm and shoulder muscle strength and endurance – FLEXED ARM HANG
3. Abdomen  
Abdominal muscle strength and endurance – CURL-UPS (Sit – ups)
4. Speed  
Running Speed – 50 – YARD DASH
5. Cardiovascular  
Cardiorespiratory system endurance – 1.5 – MILE RUN/WALK

**General Rules of Testing**

- Component may be retested as many times as desired to achieve the best performance.
- Test components may be administered in any order.
- There is no time frame for testing.

## 1. LOWER LIMBS

### a) *Item:* SHUTTLE RUN

*Equipment:* Two blocks of wood, 2" x 2" x 4", a split-second stopwatch.

*Description:* Two parallel lines are marked on the floor 30 feet apart. Place blocks of wood behind one of the lines. Athlete starts from behind the other line. On the signal "Ready – Go," the athlete runs to the blocks, picks up one, runs back to the starting line and places it behind the line; then runs back and picks up the second block and carries it back across the starting line.

*Rules:* Allow two trials with a maximum of five minutes, rest in between. Athlete may not throw the block of wood; it must be placed behind the line.

*Scoring:* Record the fastest of the trials to the nearest tenth of a second.

### b) *Item:* STANDING LONG JUMP

*Equipment:* Mat or floor and tape measure.

*Description:* Athlete stands with feet several inches apart and toes just behind the takeoff line. Swing the arms backward and bending the knees, the jump is accomplished extending the knees and swinging the arms forward.

*Rules:* Allow three trials. Measure from the back edge of the take-off line to the heel or part of the body that touches the floor nearest the take-off line. (Suggestion: Tape the measure to the floor starting at the back of the take-off line and have the athlete jump along the tape so scorer can observe the mark to the nearest inch.)

*Scoring:* Record the best of three trials in feet and inches to the nearest inch.

## 2. UPPER BODY

### *Item:* FLEXED ARM HANG

*Equipment:* Horizontal bar approximately 1-1/2" in diameter

*Description:* Adjust bar height so it is approximately equal to the athlete's standing height. Use an overhand grasp (palms away from the face). With two spotters, one in front and one in back, athlete raises body off the floor to a position where the chin is above the bar, the elbows are flexed, and the chest is close to the bar. Hold this position as long as possible.

*Rules:* a) Start watch as soon as athlete has chin above the bar.  
b) Stop watch when chin touches the bar, head tilts back to keep chin above the bar, or chin falls below level of the bar.

*Scoring:* Record to the nearest second for the length of time the athlete can hold the start position.

### 3. ABDOMEN

*Item:* CURL-UPS (Sit-Ups)

*Equipment:* Mat and stopwatch

*Description:* Athlete lies on back with knees bent, feet flat on the floor, heels 12” from the buttocks, and back flat on floor. Arms across the chest, fingers on the opposite shoulder, elbows against chest. For a taller athlete, this distance may be adjusted to accommodate him/her. With someone holding the feet down, the athlete brings upper body forward, curling up (sitting up) to touch elbows to thighs. That is one curl-up. Athlete must return to start position before starting next curl-up. Exercise is repeated for one minute and athlete completes as many curl-ups as possible in the one-minute interval.

*Rules:* Fingers must remain in contact with shoulders, back should be rounded and head should be forward on the way up. Scapula must touch the floor before starting next curl-up. Hips must remain on the floor.

*Scoring:* Record one curl-up (sit up) for each completed movement of touching elbows to thighs. No score is given if the fingertips do not maintain contact with shoulders, or if the elbows are extended, or if the hips leave the ground.

### 4. SPEED

*Item:* 50-YARD DASH

*Equipment:* Track or area marked off 50 yards and split-second stopwatch

*Description:* With arm raised, a starter uses the command “Ready – Go” and accompanies the command with a fast downward sweep of the arm to provide the time with a visual signal to start the watch.

*Rules:* Time required between the starter’s signal and the instant the athlete crosses the finish line.

*Scoring:* Record in seconds to nearest tenth of a second.

### 5. CARDIOVASCULAR

*Item:* 1.5 MILE RUN/WALK

*Equipment:* Track or area marked off for 1.5 miles and stopwatch

*Description:* Standing at starting line, athlete begins to run on the signal “Ready-Go” from starter/timer. Starter/timer positions self at the finish line.

*Rules:* Walking is permitted. However, the object is to cover the distance in the shortest possible time.

*Scoring:* Record the time in minutes and nearest second.

SELECTION/CLASSIFICATION PROGRAM REQUIREMENTS



SPORT		LEVEL	R A T I N G	ATHLETIC PERFORMANCE & DEVELOPMENT STANDARDS					15 - MILE RUN	
				GIRLS						AUGUST 1992
				SHUTTLE RUN	LONG JUMP	FLEXED ARM HANG	STOMACH CURLS	50 - YARD DASH		
1/10 SEC	FT - IN	SECONDS	NUMBER	1/10 SEC	MIN - SEC					
BASKETBALL	VAR	4	10.5	5' 8"	10	46	7.8	15:00		
	JV	3	10.7	5' 6"	8	43	8.0	15:30		
	FROSH	2	11.0	5' 4"	7	40	8.2	15:45		
	MOD	1	11.2	5' 2"	7	38	8.4	16:00		
BOWLING	VAR	2	*	*	Special	*	*	*		
	JV	1	*	*	Tryout	*	*	*		
	FROSH	1	*	*	Procedure	*	*	*		
	MOD	1	*	*	Page 26	*	*	*		
CROSS - COUNTRY	VAR	3	11.0	5' 6"	NOT Required	46	8.0	12:00		
	JV	2	11.2	5' 4"		43	8.2	12:30		
	FROSH	1	11.6	5' 2"		40	8.4	13:00		
	MOD	1	11.8	5' 0"		38	8.5	13:30		
FIELD HOCKEY	VAR	4	10.5	5' 6"	15	46	7.6	15:00		
	JV	3	10.7	5' 4"	13	43	7.8	15:30		
	FROSH	2	11.0	5' 2"	10	40	8.0	15:45		
	MOD	1	11.2	5' 0"	10	38	8.2	16:00		
GOLF	VAR	2	*	*	Special	*	*	*		
	JV	1	*	*	Tryout	*	*	*		
	FROSH	1	*	*	Procedure	*	*	*		
	MOD	1	*	*	Page 26	*	*	*		
GYMNASTICS	VAR	2	11.0	5' 6"	20	46	8.3	NOT Required		
	JV	2	11.2	5' 4"	18	43	8.5			
	FROSH	1	11.6	5' 2"	15	40	8.7			
	MOD	1	11.8	5' 0"	13	38	8.9			
LACROSSE	VAR	4	10.5	5' 6"	15	46	7.6	15:00		
	JV	3	10.7	5' 4"	13	43	7.8	15:30		
	FROSH	2	11.0	5' 2"	10	40	8.0	15:45		
	MOD	1	11.2	5' 0"	10	38	8.2	16:00		
SKIING	VAR	3	11.0	5' 8"	15	44	NOT Required	15:00		
	JV	2	11.2	5' 6"	13	40		15:30		
	FROSH	1	11.6	5' 4"	10	38		15:45		
	MOD	1	11.8	5' 2"	10	36		16:00		
SOCCER	VAR	4	10.5	5' 6"	NOT Required	46	7.6	15:00		
	JV	3	10.7	5' 4"		43	7.8	15:30		
	FROSH	2	11.0	5' 2"		40	8.0	15:45		
	MOD	1	11.2	5' 0"		38	8.2	16:00		



**ATHLETIC PERFORMANCE & DEVELOPMENT STANDARDS**  
**GOALS**      AUGUST 1992

SPORT	LEVEL	K A T H L E T I C	SHUTTLE	LONG	RELAXED ARM	STOMACH	50-YARD	1.5 MILE
			RUN	JUMP	HAND	CURLS	DASH	RUN
			SCORE	FEET	SCORERS	NUMBER	TIME(S)	MIN - SEC
SOFTBALL	VAR	4	10.5	5'4"	15	42	7.6	NOT Required
	JV	3	10.7	5'2"	13	40	7.8	
	FRESH	2	11.0	5'0"	10	38	8.0	
	MOD	1	11.2	4'10"	10	36	8.2	
SWIMMING	VAR	3	NOT Required	5'2"	15	44	NOT Required	*15:00+
	JV	2		5'1"	13	40		15:30+
	FRESH	1		5'0"	10	38		15:45+
	MOD	1		5'0"	10	36		16:00+

\* NOT REQUIRED FOR DIVERS - ANY LEVEL

+ ATHLETES MAY CHOOSE EITHER THE 1.5 - MILE RUN OR THE 50 - YARD SWIM (see page 27 for requirements)

TENNIS	VAR	3	10.7	5'2"	10	38	8.0	15:00
	JV	2	10.9	5'0"	8	36	8.5	15:30
	FRESH	1	11.2	4'10"	7	33	8.7	15:45
	MOD	1	11.4	4'10"	7	30	8.9	16:00
TRACK & FIELD	VAR	3	10.7	5'4"	15	44	7.6	**13:00
	JV	2	10.9	5'2"	13	40	7.8	12:30
	FRESH	1	11.2	5'0"	10	38	8.0	15:00
MOD	1	11.4	5'0"	10	36	8.2	13:30	

\*\* NOT REQUIRED FOR THROWING EVENTS - ANY LEVEL

\*\* REQUIRED FOR DISTANCE RUNNERS (800 meters or above) ONLY - ANY LEVEL

VOLLEYBALL	VAR	3	10.5	5'3"	15	46	7.8	15:00
	JV	2	10.7	5'6"	13	43	8.0	15:30
	FRESH	1	11.0	5'4"	10	40	8.2	15:45
	MOD	1	11.2	5'2"	10	38	8.4	16:00



SELECTION/CLASSIFICATION PROGRAM REQUIREMENTS

SPORT		LEVEL	R A T I N G	ATHLETIC PERFORMANCE & DEVELOPMENT STANDARDS					
				BOYS			AUGUST 1992		
				SHUTTLE RUN	LONG JUMP	FLEXED ARM HANG	STOMACH CURLS	50-YARD DASH	1.5-MILE RUN
1/10 SEC	FT - IN"	SECONDS	NUMBER	1/10 SEC	MIN - SEC				
BASEBALL	VAR	4	4	9.5	7' 3"	30	50	6.5	NOT Required
	JV	3	3	9.7	7' 0"	26	48	6.8	
	FROSH	2	2	10.0	6' 6"	22	44	7.0	
	MOD	1	1	10.5	6' 3"	20	42	7.5	
BASKETBALL	VAR	4	4	9.5	8' 0"	30	50	6.5	11:00
	JV	3	3	9.7	7' 6"	26	48	6.8	11:30
	FROSH	2	2	10.0	6' 10"	22	44	7.0	11:50
	MOD	2	2	10.5	6' 3"	20	42	7.5	12:00
BOWLING	VAR	2				Special Tryout Process Page 26			
	JV	2							
	FROSH	1							
	MOD	1							
CROSS - COUNTRY	VAR	3	3	10.0	7' 0"	NOT Required	50	6.8	10:15
	JV	2	2	10.3	6' 6"		48	7.0	10:30
	FROSH	1	1	10.5	6' 3"		44	7.2	10:50
	MOD	1	1	10.7	6' 0"		42	7.4	11:00
FOOTBALL	VAR	4	4	10.0	7' 3"	30	50	6.5	NOT Required
	JV	3	3	10.3	7' 0"	26	48	6.8	
	FROSH	2	2	10.5	6' 6"	22	44	7.0	
	MOD-A	2	2	10.5	6' 3"	20	42	7.5	
	MOD-B	1	1	10.9	6' 0"	20	40	7.8	
GOLF	VAR	2				Special Tryout Process Page 26			
	JV	2							
	FROSH	1							
	MOD	1							
GYMNASTICS	VAR	3	3	10.0	7' 0"	35	54	7.3	NOT Required
	JV	2	2	10.3	6' 6"	30	50	7.5	
	FROSH	1	1	10.5	6' 3"	26	46	7.8	
	MOD	1	1	10.7	6' 0"	22	42	8.0	
ICE HOCKEY	VAR	4	4	10.0	7' 0"	30	50	7.3	11:00
	JV	3	3	10.3	6' 6"	26	48	7.5	11:30
	FROSH	2	2	10.5	6' 3"	22	44	7.8	11:50
	MOD	2	2	10.7	6' 0"	20	42	8.0	12:00

## SELECTION/CLASSIFICATION PROGRAM REQUIREMENTS



SPORT		LEVEL		R A T I N G	ATHLETIC PERFORMANCE & DEVELOPMENT STANDARDS					
					<b>BOYS</b> AUGUST 1993					
					SHUTTLE RUN	LONG JUMP	WRESTLING LENG	STIPMALLI CUBES	50 - YARD DASH	1.5 - MILE RUN
100 SEC	FT - IN	SECONDS	NUMBER	100 SEC	MIN - SEC					
LACROSSE	VAR	4	9.5	7' 3"	30	50	6.5	11:00		
	JV	3	9.7	7' 0"	25	48	6.8	11:30		
	FROSH	2	10.0	6' 6"	22	44	7.0	11:50		
	MOD-A	2	10.0	6' 3"	20	42	7.5	12:00		
	MOD-B	1	10.5	6' 0"	20	40	7.8	12:30		
RIFLE	VAR	2	NOT Required		15	40	NOT Required			
	JV	2			10	36				
	FROSH	1			7	34				
	MOD	1			6	32				
SKIING	VAR	3	10.0	7' 3"	26	50	NOT Required	11:45		
	JV	2	10.3	7' 0"	22	48		12:00		
	FROSH	1	10.5	6' 6"	20	44		12:15		
	MOD	1	10.7	6' 3"	18	42		12:30		
SOCCER	VAR	4	9.5	7' 3"	NOT Required		50	6.5	11:00	
	JV	3	9.7	7' 0"			48	6.8	11:30	
	FROSH	2	10.0	6' 6"			44	7.0	11:50	
	MOD	2	10.0	6' 3"			42	7.5	12:00	
SWIMMING	VAR	3	NOT Required	7' 9" *	50	50	NOT Required	* 11:00 +		
	JV	2		6' 6"	26	48		11:20 +		
	FROSH	1		6' 3"	22	44		11:30 +		
	MOD	1		6' 0"	20	42		12:00 +		

\* NOT REQUIRED FOR DIVERS - ANY LEVEL

+ 4 THRU PTES MAY CHOOSE EITHER THE 1.5 - MILE RUN OR THE 500 - YARD SWIM (see page 27 for requirements)

TENNIS	VAR	3	10.0	6' 6"	20	50	7.0	11:45
	JV	2	10.3	6' 3"	22	48	7.3	12:00
	FROSH	1	10.5	6' 0"	20	44	7.5	12:15
	MOD	1	10.7	6' 0"	18	42	7.8	12:30
TRACK & FIELD	VAR	3	10.0	7' 0"	30	50	* 6.8	** 10:15
	JV	2	10.3	6' 6"	26	48	7.0	10:30
	FROSH	1	10.5	6' 3"	22	44	7.2	10:50
	MOD	1	10.7	6' 0"	20	42	7.4	11:00

\* NOT REQUIRED FOR THROWING EVENTS - ANY LEVEL

\*\* REQUIRED FOR DISTANCE RUNNERS (800 meters or above) ONLY - ALL LEVELS

SELECTION/CLASSIFICATION PROGRAM REQUIREMENTS



SPORT		LEVEL		R A T I N G	ATHLETIC PERFORMANCE & DEVELOPMENT STANDARDS					
					BOYS			AUGUST 1992		
					SHUTTLE RUN	LONG JUMP	INCHED ARM HANG	STOMACH CURLS	50 - YARD DASH	1.5 - MILE RUN
FT - SEC	FT - IN	SECONDS	NUMBER	7/10 SEC	MIN - SEC					
VOLLEYBALL	VAR	3	9.8	7' 3"	30	50	7.0	11:45		
	JV	2	10.3	7' 0"	26	48	7.3	12:00		
	FROSH	1	10.5	6' 6"	22	44	7.5	12:15		
	MOD	1	10.6	6' 3"	20	42	7.8	12:30		
WRESTLING	VAR	4	9.5	7' 0"	35	54		11:00		
	JV	3	9.7	6' 6"	30	48	NOT	11:30		
	FROSH	2	10.0	6' 5"	26	44	Required	11:45		
	MOD	2	10.5	6' 0"	22	42		12:00		



## **SPECIAL TRYOUT PROCESS**

### **BOWLING**

As of September 1, 1995, any 7<sup>th</sup> - or 8<sup>th</sup> -grade student may be given the opportunity to tryout for a junior varsity or varsity bowling team. At the completion of the tryout sessions, which must include 9 games bowled over a 3-day period, if the individual's bowling average puts him/her in the top 8 of your bowlers, he/she is eligible to be selectively classified.

Every student must continue to meet the developmental screening requirement found in the 1992 Selection/Classification guidelines.

### **GOLF**

As of September 1, 1995, any 7<sup>th</sup> - or 8<sup>th</sup> -grade student may be given the opportunity to tryout for a junior varsity or varsity golf team. At the completion of the tryout sessions, which must include 18 holes, golfed over a 3-day period (the first 3 days of the individual's tryout when the course is accessible), if the individual's golf average puts him/her in the top 8 of your golfers, he/she is eligible to be selectively classified.

Every student must continue to meet the developmental screening requirement found in the 1992 Selection/Classification guidelines.

#### **USE THE FOLLOWING CHECKLIST TO ASSIST YOU IN SELECTIVELY CLASSIFYING BOWLERS AND GOLFERS:**

- PARENTAL PERMISSION (ATTACHMENT C)
- SCHOOL PHYSICIAN APPROVAL
- DEVELOPMENTAL SCREENING (ATTACHMENT D - MALE; ATTACHMENT E - FEMALE)
- TRYOUT SESSION
- DETERMINATION OF ATHLETE'S POSITION IN TEAM LINEUP
- SELECTION/CLASSIFICATION DECISION



**Section V Athletic Association  
Player's Disqualification Form**

Sport \_\_\_\_\_ Level: Frosh \_\_\_\_\_ Date of Event \_\_\_\_\_

JV \_\_\_\_\_

Varsity \_\_\_\_\_

Home School \_\_\_\_\_ Opponent \_\_\_\_\_

Official(s) Assigned \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Disqualified Player \_\_\_\_\_

School \_\_\_\_\_

Reason for Disqualification:    Unsportsmanlike or flagrant misconduct - Physical (    )

Unsportsmanlike or flagrant misconduct - Verbal (    )

Description: (Use reverse side if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Official Who  
Declared Disqualification \_\_\_\_\_

Date Filed \_\_\_\_\_

This form must be used for all sports.

Referee/Umpire/Official must file this report within three (3) days of disqualification to:

1. Offending School Athletic Director/Principal
2. League President or Designee
3. President of Officials Association:    Mr. Ed Stores,  
5151 Kelly Road  
Wyoming, NY 14591  
Section V Executive Director:

Reminder: The school athletic director must be notified by the official in person or by phone within 24 hours or by the end of the next school day.

It is the responsibility of the school to have a copy of this form available at all home athletic contests.



# Section V... Athletic Association Disqualification Response Form

Name of disqualified coach/player: \_\_\_\_\_

Responding School: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Sport: \_\_\_\_\_

Level of Competition: Freshman \_\_\_\_\_ JV \_\_\_\_\_ Varsity \_\_\_\_\_

Home School \_\_\_\_\_ Opponent \_\_\_\_\_

Action(s) taken by the Responding School to the individual as a result of the disqualification:

---

---

---

---

---

---

---

---

---

---

This report has been reviewed and acknowledged by:  
(all three signatures are required)

High School Principal \_\_\_\_\_ Date \_\_\_\_\_

School Athletic Director \_\_\_\_\_ Date \_\_\_\_\_

Superintendent \_\_\_\_\_ Date \_\_\_\_\_

NOTE: The response to disqualification MUST be completed within five (5) days and sent to,

1. The league coordinator or designee;
2. The President of the referees unit; and,
3. Section V Executive Director: **Mr. Ed Stores**  
**5151 Kelly Rd.**  
**Wyoming, N.Y. 14591**

Fax: (585) 786-8637

abs 3/03



## **ROSTER**

**ALPHABETICAL ORDER BY GRADE (BE SURE TO INCLUDE # YEARS PARTICIPATED)**

\* = Captain; Mgr. = Manager

46. _____	61. _____	76. _____
47. _____	62. _____	77. _____
48. _____	63. _____	78. _____
49. _____	64. _____	79. _____
50. _____	65. _____	80. _____
51. _____	66. _____	81. _____
52. _____	67. _____	82. _____
53. _____	68. _____	83. _____
54. _____	69. _____	84. _____
55. _____	70. _____	85. _____
56. _____	71. _____	86. _____
57. _____	72. _____	87. _____
58. _____	73. _____	88. _____
59. _____	74. _____	89. _____
60. _____	75. _____	90. _____

### **STATISTICS – Team and Individual**

Please list relevant statistical highlights

ie., school/team records, most points, wins, hits, etc.

(Team MVP, MIP, Scholar-Athlete, Exc. Senior, All Trny Teams)

<b>School/Team Records</b>	<b>Individual Honors/Records</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

MVP: \_\_\_\_\_ MIP: \_\_\_\_\_

SCHOLAR-ATHLETE(S): \_\_\_\_\_

COACHING HONORS EARNED: \_\_\_\_\_



**SOUTH SENECA CENTRAL SCHOOL  
FALCONS ATHLETICS  
SEASON END SUMMARY**

SPORT \_\_\_\_\_ YEAR \_\_\_\_\_

LEVEL \_\_\_\_\_ COACH \_\_\_\_\_

**SCHEDULE and SCORES**

	Date	Site	Opponent	<u>Score</u> SS/OP	W-L-T		Date	Site	Opponent	<u>Score</u> SS/OP	W-L-T
1.						13.					
2.						14.					
3.						15.					
4.						16.					
5.						17.					
6.						18.					
7.						19.					
8.						20.					
9.						21.					
10.						22.					
11.						23.					
12.						24.					

**OVERALL RECORD:**      WON \_\_\_\_\_ LOST \_\_\_\_\_ TIED \_\_\_\_\_

**LEAGUE RECORD:**      WON \_\_\_\_\_ LOST \_\_\_\_\_ TIED \_\_\_\_\_

**LEAGUE PLACE FINISH:** \_\_\_\_\_

**SECTIONAL PLACE FINISH:** \_\_\_\_\_

<b>Individual Honors Earned (All County)</b>	
<b>Names</b>	
1 <sup>st</sup> Team	_____
	_____
	_____
	_____
2 <sup>nd</sup> Team	_____
	_____
	_____
	_____
Honorable Mention	_____
	_____
	_____

<b><u>Number of Participants</u></b>		
<b><u>Grade</u></b>	<b><u>Tryouts</u></b>	<b><u>Finish</u></b>
07	_____	_____
08	_____	_____
09	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____
Total	_____	_____

# Drop Sheet

Name\_\_\_\_\_

Sport\_\_\_\_\_

Reason for dropping sport\_\_\_\_\_

\_\_\_\_\_

Student Signature\_\_\_\_\_

Parent Signature\_\_\_\_\_

Coach's Signature\_\_\_\_\_

Date\_\_\_\_\_





**SOUTH SENECA CENTRAL  
COACHING EMPLOYMENT APPLICATION**

**Date** \_\_\_\_\_

**I** \_\_\_\_\_ **would like to apply for the**

**Name**

\_\_\_\_\_ **coaching position for the 2009 season.**

**List Qualifications (State Requirements & Etc.):**

---

---

---

---

---

---

---

---

**Coaching Experience:**

---

---

---

---

---

---

---

---

**Home Phone #** \_\_\_\_\_

**Work #** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

**Date** \_\_\_\_\_



## **Senior Recognition Night Bio**

**Student's Name:**

**Parent's Name(s):**

**Honors:**

**Future Plans:**

**Statement to Parents:**

---

**Year**

**Sports Physical Sign Up**

---

**Level of Competition**

---

**Sport/Gender**

- |            |            |
|------------|------------|
| <b>1.</b>  | <b>11.</b> |
| <b>2.</b>  | <b>12.</b> |
| <b>3.</b>  | <b>13.</b> |
| <b>4.</b>  | <b>14.</b> |
| <b>5.</b>  | <b>15.</b> |
| <b>6.</b>  | <b>16.</b> |
| <b>7.</b>  | <b>17.</b> |
| <b>8.</b>  | <b>18.</b> |
| <b>9.</b>  | <b>19.</b> |
| <b>10.</b> | <b>20.</b> |



Approved \_\_\_\_\_  
Not Approved \_\_\_\_\_

**South Seneca All Sports Boosters  
*Request for Funds***

**Name of Sport:** \_\_\_\_\_ **Date**\_\_\_\_\_

**Specifics of Request:**

**Description of Fundraising: (done by or planning to be done by Sport team)**

**Total Purchase Price (Include 3 quotes and attach) 1. \$ \_\_\_\_\_ 2. \$ \_\_\_\_\_  
3. \$ \_\_\_\_\_**

**Amount of money raised by team for this project \$ \_\_\_\_\_.**

**Amount requested from Boosters \$ \_\_\_\_\_.**

**How many athletes would benefit from this purchase?**

**Would other organizations have use of this equipment or purchase?**

**Are funds for this purchase available from the Athletic Dept.?**

**Would this equipment remain as property of the Sports team and/or the South Seneca Athletic Dept.?**

**When are the funds needed?**

\_\_\_\_\_  
**Athletic Director**

\_\_\_\_\_  
**Coach**  
**Phone No. (School or home)**

**Amount Approved \$ \_\_\_\_\_**

# South Seneca Sports Boosters

## Scholarship Application

Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

=====  
Sport \_\_\_\_\_

Name of Camp/Clinic/Organization scholarship is for \_\_\_\_\_

---

Address \_\_\_\_\_  
\_\_\_\_\_

Date(s) of camp \_\_\_\_\_

Length of camp \_\_\_\_\_

Total Cost of camp \_\_\_\_\_

Student Athlete Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

**\*\*Please return completed form to the SSCS Athletic Director**

**Approved**

**Denied**

Check Sent to Athlete on \_\_\_\_\_  
Date

\_\_\_\_\_  
(check #)







2. **CITIZENSHIP.** Are you a citizen of the United States?  
 Yes  No

3. **MORAL CHARACTER DETERMINATION.**

Answer each question by checking "yes" or "no." If you answer "yes" to any question, please attach a full explanation for your answer on a separate sheet of paper. None of the following circumstances represents an automatic bar to this license.

- A. Have you ever resigned from a position rather than face disciplinary action?  
 Yes  No
- B. Did you ever receive a discharge from the Armed Forces of the United States, which was other than "honorable"?  
 Yes  No
- C. Have you ever been convicted of any crime (felony or misdemeanor), other than minor traffic violations?  
 Yes  No
- D. Have you ever had a teaching credential revoked, suspended or annulled?  
 Yes  No
- E. Do you currently have any criminal charges pending against you?  
 Yes  No
- F. Have disciplinary proceedings ever been initiated against you pursuant to New York State Education Law section 3020?  
 Yes  No

4. **CHILD SUPPORT.**

- Complete this section whether or not you have children.
- Certification regarding child support is required by General Obligations Law section 3-503 (eff 7/1/95). The undersigned submits the following statement in support of the application for a temporary coaching license. The intentional submission of false written statements for the purposes of frustrating or defeating the lawful enforcement of support obligations is punishable pursuant to section 175.35 of the Penal Law of the State of New York.
- Check only A or B. If you check B, you must check one of the statements following it.
  - A. As of the date this application is filed, I am not under obligation to pay child support.
  - B. As of the date this application is filed, I am under obligation to pay child support.
    - 1. I am up to date in the payments for child support (no more than three months in arrears).
    - 2. I am making payments by income execution, or by court agreed payment or repayment plan, or by plan agreed to by the parties.
    - 3. The child support obligation is the subject of a pending court proceeding.
    - 4. I am receiving public assistance or supplemental security income.

5. **AFFIDAVIT.**

Under the penalties of perjury, I declare and affirm that the statements made in the foregoing application, including accompanying statements, are true, complete and correct.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

6. **NOTARY CERTIFICATION OF IDENTIFICATION FOR APPLICANT.**

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify the applicant. The statements of this document are subscribed and sworn to before me by the applicant on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

State of \_\_\_\_\_ County of \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

Notary ID Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**7. ATHLETIC DIRECTOR REVIEW.**

The school district's athletic director needs to complete this section for recommendation of the noted applicant.

- A. Print Applicant's Name: \_\_\_\_\_
- B. School District: \_\_\_\_\_
- C. Specific Sport(s): \_\_\_\_\_
- D. Effective Date of Coverage: \_\_\_\_\_
- E. Signature of Athletic Director: \_\_\_\_\_

**8. EMPLOYER'S SUPERINTENDENT'S STATEMENT.**

- This certifies that the board of education of the school district noted below has determined that neither (a) a certified teacher of physical education nor (b) a certified teacher with coaching qualifications and experience is available in accordance with section 135 4(c)(7)(i)(c)(3) of the Regulations of the Commissioner of Education.
- The employing school district should maintain evidence that such individuals have not applied for the coaching position for which a waiver is sought, and that there are not certified individuals described above readily available to coach this sport activity (as identified above).
- The superintendent's signature must be notarized.

Signature of Superintendent of Schools: \_\_\_\_\_  
 School District: \_\_\_\_\_  
 Date Signed: \_\_\_\_\_

**9. NOTARY CERTIFICATION OF IDENTIFICATION FOR SUPERINTENDENT OF SCHOOLS.**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.  
 State of \_\_\_\_\_ County of \_\_\_\_\_  
 Signature of Notary Public: \_\_\_\_\_  
 Notary ID Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_

# Check List

## First Year TCL Application

- 1. Standard First Aid \_\_\_\_\_
- 2. CPR & AED \_\_\_\_\_
- 3. Finger Printing \_\_\_\_\_
- 4. TCL Application \_\_\_\_\_
- 5. Sent to BOCES \_\_\_\_\_

Date Sent \_\_\_\_/\_\_\_\_/\_\_\_\_

Approval Received \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments:

## Check List

### 2<sup>nd</sup> & 3<sup>rd</sup> Year TCL Application

1. Standard First Aid \_\_\_\_\_
2. CPR & AED \_\_\_\_\_
3. Project Save \_\_\_\_\_
4. Child Abuse \_\_\_\_\_
5. Enroll or Completed of Philosphy, Princ.  
and Org. of Athletics Course \_\_\_\_\_
6. TCL Application \_\_\_\_\_
7. Sent to BOCES \_\_\_\_\_

Date Sent \_\_\_\_/\_\_\_\_/\_\_\_\_

Approval Received \_\_\_\_/\_\_\_\_/\_\_\_\_