

**Section XI  
Report of NYSPHSAA Meeting**

TO BE SUBMITTED TO THE EXECUTIVE DIRECTOR WITHIN 10 DAYS OF MEETING.  
PLEASE ATTACH ALL APPROPRIATE RECEIPTS

**Meeting:** \_\_\_\_\_

**Person Attending:** \_\_\_\_\_

**Date of Meeting:** \_\_\_\_\_ **Site:** \_\_\_\_\_

**Significant Items of Discussion or Recommendation:**

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

**Implications for Section XI:**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Submitted

**SECTION XI**

**AWARDS FOR TIES**

**Sport:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**For Team Awards**

League/Conf	Tied Schools (Circle School Receiving Award)

**For Individual Awards**

League/Conf/Sec	Event/Place	Athlete's Name & School

\_\_\_\_\_ **Sport Chair** \_\_\_\_\_ **Date**

Please submit this form no later than the day following the last league or conference contests. Thank you.

**SEND OR FAX TO:**

**Section XI**  
**260 Middle Country Road, Suite 206**  
**Smithtown, NY 11787**  
**FAX: 366-4334**

**FOR OFFICE USE ONLY**

Date Ordered	Date Received

**EXPENSE REIMBURSEMENT FORM**

Name		
Address		
Soc Sec #		
Item Description:		
<b>Total</b>		\$
Date	Signature	
<p><b>PLEASE NOTE:</b>  <b><u>ORIGINAL</u> receipts for all expenses must be mailed with this form (<i>no copies, no faxes</i>)</b>  <b>Any original packing slips must be signed and attached.</b>  <b>Documentation as to the purpose of the expense must be attached, if applicable.</b></p> <p>Mail <b>ORIGINAL</b> to:  Section XI, 180 E Main St, Suite 302, Smithtown NY 11787</p>		
Approval For Payment		
Date	Executive Director Signature	

**TRAVEL CONFERENCE/TRIP REIMBURSEMENT FORM**

This form shall be used by an individual who HAS attended a meeting or conference at which an expenditure was incurred and who is seeking reimbursement for such expenses.

Office Use Only #		
Name		
Address		
Soc Sec #		
Conference/Trip Title		
Location	Date(s)	
<b>Expense Category</b>	<b>Detail</b>	<b>Actual Cost</b>
Housing		
Meals		
Travel/Mileage 57.5 cents/mile as of 1/1/15		
Misc. Tolls, Fees etc		
Sport Chair State Meeting Stipend		
	<b>Total</b>	<b>\$</b>
Signature	Date	
<b>PLEASE NOTE:</b> <b>ORIGINAL</b> receipts for all expenses must be mailed with this form ( <i>no copies, no faxes</i> ) Printed MAPQUEST must be attached. EZ PASS printouts are acceptable Mail to: Section XI, 180 E Main St, Suite 302, Smithtown NY 11787		
Approval For Payment		
Executive Director Signature	Date	

**DISTRICT PAYMENT FORM**

Host School	Date of Event
Description of Event	

<b>PAY TO SCHOOL DISTRICT</b>
District Name
District Address

<b>Supervisors</b> (# timers, # security etc - <i>not individual names</i> )	<b>Amount</b>
<b>TOTAL</b>	<b>\$</b>

Authorizing Signature	
Return to: Section XI, 180 E Main St, Suite 302, Smithtown, NY 11787	
Approval for Payment	
Date	Executive Director Signature

**INDIVIDUAL PAYMENT FORM**  
*(please print - use ink - no pencil)*

<b>FULL NAME</b> <i>(no nicknames or initials)</i>			
Address			
Soc Sec #			
<b>SIGNATURE</b>			
Date of Event	Description of Event	Responsibilities (Timer, Supervisor, Trainer, etc)	Amount
<b>TOTAL \$</b>			
Authorizing Signature			Date
Return <b>ORIGINAL</b> form to: Section XI 180 E Main St, Suite 302 Smithtown, NY 11787			
Approval for Payment			
Executive Director Signature			Date

**TOURNAMENT**  
**GATE LIST/SUPERVISION LIST**

SPORT \_\_\_\_\_ CONTEST DATE \_\_\_\_\_ SITE: \_\_\_\_\_

- A. Each school is permitted 12 people only. (One name per line, please.)
- B. Ticket takers are to check off the names of those admitted.
- C. Should Administrators or Board of Education members insist they should be on the list, add their name(s) legibly and Section XI will bill that district.
- D. This form should be returned in ticket packet with Contest Report.

	Name	Attended Please check if yes
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

**PLEASE NOTE: Gate list should be sent to John Dee at the Longwood Athletic Office (fax# 345-9292) no later than 24 hours prior to the contest.**

\_\_\_\_\_  
Signature of Athletic Director

\_\_\_\_\_  
School

SECTION XI  
EXPENSE CLAIM FORM

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Item Description \_\_\_\_\_

Claim Amount \$ \_\_\_\_\_

**NOTE: Original receipt(s) must be attached. Any original packing slips must be signed and attached. Documentation as to the purpose of the expense must also be attached, if applicable.**

**\*\*Please MAIL ORIGINAL back to Section XI- NO FAXES\*\***

Section XI  
260 Middle Country Road, Suite 206  
Smithtown, NY 11787

**FOR OFFICE USE ONLY:**

Approval \_\_\_\_\_  
Executive Director \_\_\_\_\_ Date \_\_\_\_\_

Date of Payment \_\_\_\_\_

1/10/10

expenseclaimform.fin



**TOURNAMENT**  
**GATE LIST/SUPERVISION LIST**

SPORT \_\_\_\_\_ CONTEST DATE \_\_\_\_\_ SITE: \_\_\_\_\_

- A. Each school is permitted 12 people only. (One name per line, please.)
- B. Ticket takers are to check off the names of those admitted.
- C. Should Administrators or Board of Education members insist they should be on the list, add their name(s) legibly and Section XI will bill that district.
- D. This form should be returned in ticket packet with Contest Report.

	Name	Attended Please check if yes
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

PLEASE NOTE: Gate list should be sent to John Dee at the Longwood Athletic Office (fax# 345-9292) no later than 24 hours prior to the contest.

\_\_\_\_\_  
 Signature of Athletic Director

\_\_\_\_\_  
 School

## **CODE OF CONDUCT FOR REGIONAL & CHAMPIONSHIP COMPETITIONS**

**\*An athlete will not be allowed to participate without this form completed.\***

### **CODE OF CONDUCT**

Responsibilities and guidelines for Athletes and Coaches participating in Regional and Championship Contests.

#### **Introduction**

Any New York State Championship must achieve a standard of Excellence which places it beyond criticism either from an organizational or educational point of view. In essence, each championship represents all of New York scholastic sports and if, for any reason, something disrupts a championship, then the impact of such disruption will be felt by the NYSPHSAA, Inc. and its member schools. What appears at present to pose the greatest threat is the misbehavior of athletes or the lack of supervision responsibilities by coaches while attending such championships.

#### **Code of Conduct for Athletes**

1. Use of alcoholic beverages, tobacco products and other drugs (unless prescribed by a physician) will not be tolerated.
2. All curfews and bed checks will be adhered to as set up the the supervisor or coach in charge.
3. Athletes are responsible for their conduct in regard to public property such as hotel rooms, transporting vehicles, field and courts, locker rooms, etc. Athletes or the school that they represent will be held financially responsible for any damage that they incur.
4. Hotel rooms will be inspected by the supervisor and the occupants of each room prior to the occupying of each room and again before check-out. Any damage incurred will be the responsibility of the occupants.
5. Athletes must use transportation authorized by their section and school to and from the event.
6. There will be no gambling of any kind.

#### **General Guidelines**

1. Athletes should stay in groups when traveling or sightseeing. DO NOT TRAVEL ALONE or leave the group.
2. Athletes should make sure the supervisor/coach knows where they are, who is with them, and when they will return when leaving the general area of the contest.
3. Dress for all trips should be neat, clean and socially acceptable. Athletes are representing their Section as well as their own school district. All actions reflect on these institutions.

#### **Violations - Penalties**

If an athlete violates an established rule, the coach or supervisor in charge has the responsibility of disciplining the athlete using the following guidelines:

1. If the violation is prior to the contest or event, the athlete will not be allowed to compete in the contest or further contests. The Section and home school will be notified and a recommendation from the Section for disciplinary action will be given.
2. If the violation is after the contest or event, the home school will be notified and a recommendation from the Section for disciplinary action will be given.
3. If a situation becomes intolerable, the parents and school will be notified immediately and arrangements will be made to transport the athlete home, at Section/school expense, and in the

custody of a Section/school representative. If proper action is not taken by the home school, sanctions may be imposed by the Section and/or State Association against the athlete or school district.

**I have read and understand the above code of conduct.**

\_\_\_\_\_  
 Athlete Signature Parent/Guardian Signature  
 Date \_\_\_\_\_ Date \_\_\_\_\_

**Coaches/Supervisors Responsibilities**

1. Enforce Code of Conduct for athletes. Discipline violators on the spot. Report problems to supervisors and send written reports to Section and home school district.
2. Set curfews and bed checks and implement them.
3. Be responsible for athletes from departure point of trip until trip is completed and you are sure all athletes have transportation to their home.
4. Conduct room checks and inspection of hotel room with occupants of each room prior to the night's stay, and check/inspect each hotel room after the night's stay. Report any damage, which will be the responsibility of the occupants of the room.
5. Submit Hotel Report form to hotel.
6. Make sure all parent signature slips are in and emergency information is complete.
7. Notify proper authorities in cases of serious injury to athletes.
8. Know where athletes are at all times.
9. Abstain from the use of alcohol and controlled substances (unless prescribed by a physician). If violated the protocol/possible penalty is: 1) the school and Section will be notified; 2) documentation of the incident will occur; and 3) a recommendation from the Section for disciplinary action will be given.
10. Abstain from gambling of any kind.

**I understand my responsibilities to my athlete(s)**

\_\_\_\_\_  
 Coach/Supervisor Signature Date

**OPTIONAL CONSENT FOR USE OF PHOTOGRAPHY FOR PUBLICITY OR ADVERTISING PURPOSES**

I do hereby consent to the use of my photographs in association with any production, media, or news events for the New York State Public High School Athletic Association.

I understand that the New York State Public High School Athletic Association may use my photographs or stories in publications, press materials, websites, and print and television advertisements promoting the New York State Public High School Athletic Association, its philosophies, and programs.

I hereby irrevocably consent to and authorize the use and reproduction by you, or anyone authorized by the New York State Public High School Athletic Association, of any and all photographs which you have taken during this sport season of me, negative or positive, for any purpose whatsoever, without compensation to me. All negatives and positives, together with prints shall constitute the property of the NYSPHSAA, solely and completely.

*I hereby consent to the use of my photograph(s). (sign only if 'yes')*

\_\_\_\_\_  
 Athlete Signature Date

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

**PARENT RELEASE FORM - EMERGENCY MEDICAL CARE**

Your son/daughter has qualified to participate in a NYSPHSAA Championship. In order to ensure he/she receives the proper medical care as needed you must provide the health information below. By signing this form you are authorizing the school's coach or administrator, or tournament official to act on your behalf in authorizing emergency medical, dental, surgical care and hospitalization for your son/daughter in your absence. Thank you for your cooperation.

\_\_\_\_\_  
 (Athlete Name) (Address) (Phone) (Birthdate)

\_\_\_\_\_  
 (Parent/Guardian Name) (Address) (Home & Business Phone)

\_\_\_\_\_  
 (Athlete's School) (Principal) (School Phone)

\_\_\_\_\_  
 (Who to contact in case of emergency, other than parent/guardian) (Phone)

\_\_\_\_\_  
 (Family Physician) (Phone number)

\_\_\_\_\_  
 (Allergies or special conditions)

**I have read and understand the above parent release form. I do hereby authorize the care referenced above for my child; and I do further release the . NYSPHSAA and its agents from any claim whatsoever on account of care authorized pursuant to this emergency medical care form.**

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

October 2009

**TRAVEL PERMISSION FORM**

DATE \_\_\_\_\_

Dear Parent:

Congratulations! (Name of student) \_\_\_\_\_ has qualified to represent Section XI at NYSPHSAA championship competition in (sport) \_\_\_\_\_.

You are to be commended for the time, energy and encouragement which you have given to your youngster over the years.

Attached (or enclosed) is information concerning the time and place of competition, the mode of travel, and lodging information. Information concerning how your child may be contacted in an emergency is also provided. If an unusual circumstance arises and your child is unable to compete, please notify your high school coach or athletic director at once and request that your message be conveyed to me immediately.

The conduct of students while competing, traveling, and living with other Section team members is a matter of concern. The use of alcohol, tobacco or drugs will result in disciplinary action which includes automatic suspension from athletic competition. Delinquent conduct or the destruction of property will also result in disciplinary action and a recovery of costs. Disciplinary action taken by Section XI will be in addition to appropriate action taken by your school district.

It is expected that your child will travel to and from the site of the athletic competition by the means provided by Section XI, otherwise he/she will NOT be allowed to compete. The only exception to this requirement will occur when you provide written notice to me that you will be in attendance at the competition and wish to have your child *return home with you*.

Please read and complete this entire form and return it to me (individual sports) or your child's coach (team sports) *prior* to departure for the competition.

Sincerely yours,

\_\_\_\_\_  
Sports Chairman**CODE OF CONDUCT**

- a. There will be no use of any form of alcoholic beverages.
- b. There will be no smoking permitted.
- c. There will be no use of drugs in any form unless prescribed by a physician.
- d. All curfews and bed checks will be adhered to as set up by the supervisor or coach in charge.
- e. Athletes must use the transportation provided by Section XI.
  1. *Clarification*: On trips off Long Island, if the athlete does not travel to the competition using transportation provided by Section XI, he/she will not be allowed to compete.
  2. The *only exception* to this rule is that an athlete may *return with his/her own parent(s)* if the request is made in writing by the parent (s) to the chairman prior to the athlete's departure from Suffolk County *and* provided the athlete is released at the competition site to his/her *own parent(s)*.

**PENALTIES FOR VIOLATIONS OF CODE**

1. If a violation occurs prior to or during the competition, the athlete will not be allowed to compete or continue to compete. The Section will make a recommendation for disciplinary action.
2. If a violation occurs *after* the competition, the Section will make a recommendation for disciplinary action.
3. If the situation becomes intolerable, the parents and school will be notified *immediately* and arrangements made to transport the athlete home.

Dear Sports Chairman:

(Name of student) \_\_\_\_\_ has my permission to attend the NYSPHSAA championship competition in (sport) \_\_\_\_\_ from (date) \_\_\_\_\_ to \_\_\_\_\_.

I have read and understand the regulations which apply and will abide by the standards set forth in this document and in the NYSPHSAA Code of Conduct.

Name of Student \_\_\_\_\_

Name of Parent \_\_\_\_\_

School \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Phone (day) \_\_\_\_\_

(night) \_\_\_\_\_

Two persons to contact in case of emergency other than parent or guardian:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Signature of student \_\_\_\_\_

Signature of parent \_\_\_\_\_

This form must be returned to the sport chairman (for individual sports) or your school coach (for team sports) before departure to the competition.

Without this form appropriately completed, an athlete *will not be allowed* to travel nor participate in regional, inter-sectional, or state championship competition.

**NO EXCEPTIONS WILL BE MADE !**

**SECTION XI**  
**ROOMING LIST**

port \_\_\_\_\_

School (if applicable) \_\_\_\_\_

Room	Name	School

Room	Name	School

**SUPERVISORS:**

Room	Name	School

Room	Name	School

**BUS DRIVER:**

Room	Name

FAX TO: Section XI  
366-4334

Section XI  
NYSPHSAA Championship

**Travel Report**

**Sport:** \_\_\_\_\_ **Chair:** \_\_\_\_\_

**School Team(s):** \_\_\_\_\_  
(If a team sport)

**Date of Championship:** \_\_\_\_\_ **Site:** \_\_\_\_\_

**Highlights of Trip:**

---

---

---

---

**Recommendations:**

---

---

---

---

**Problems Encountered:**

---

---

---

---



SECTION XI  
INCIDENT-ACCIDENT REPORT

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

CHAIRMAN: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Site: \_\_\_\_\_

Occurrence:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Signature



NEW YORK STATE PUBLIC HIGH SCHOOL ATHLETIC ASSOCIATION, INC.  
**HOTEL/MOTEL REPORT**

**SCHOOL**

TO THE SCHOOL TEAM COACH/SUPERVISOR: This form is to be copied for your use in securing clearance and a report on the conduct of those under your supervision by the hotel/motel management which is your host. Complete the information below and present **2 copies** to the hotel front desk upon check in. Request to have management check your rooms before leaving. Your protection and the welfare of the students will be served by your compliance in all instances.

School Name: \_\_\_\_\_ Section: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Team Sport: \_\_\_\_\_ # of Athletes \_\_\_\_\_ # of Chaperones: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Overnight Stay Date(s): \_\_\_\_\_

HOTEL/MOTEL Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

**HOTEL MANAGEMENT**

Please complete this report commenting on the team's behavior during their stay. Your report will serve as a training in developing good citizenship. Your cooperation is appreciated in assisting the NYSPHSAA to achieve one of its goals for the student-athletes of its member schools.  
Return completed copy to: NYSPHSAA, 8 Airport Park Blvd., Latham, NY 12110 or fax to: 518-690-0775.

1. I consider the conduct of this group:    Excellent                       Satisfactory                       Unsatisfactory

2. Were the members of the group considerate of:

Hotel Patrons? (quiet in halls/rooms, courteous in lobby)                      Yes                       No

Hotel Employees? (elevator operators, switchboard/desk clerks, room maids)                      Yes                       No

3. Care of Property:

Were rooms damaged?                      Yes                       No

Was any property missing?                      Yes                       No

I do  do not  recommend the members of this group as desirable hotel guests.

Manager's Signature: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_