

REQUEST # _____ (For Office Use Only)

**SECTION XI
TRAVEL
CONFERENCE-TRIP REIMBURSEMENT FORM**

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

Name _____

Address _____

Conference Trip Title _____

Location _____ Date(s) _____

EXPENSE CATEGORY	DETAIL	ACTUAL COST
Housing		
Meals		
Travel/Mileage 54.5 cents/mi as of 1/1/18		
Misc. Tolls, Fees, Etc.		
Sport Chair State Meeting Stipend		
	Total	\$

PLEASE NOTE:

- ORIGINAL receipts for all expenses claimed must be mailed with this form (no copies)
- Printed MAPQUEST must be attached. EZ PASS printouts are still acceptable.
- Please mail this original form to Section XI- **NO FAXES.**

Signature

Date

Social Security #

APPROVAL FOR PAYMENT

Executive Director

Date

SECTION XI
EXPENSE CLAIM FORM

Date _____

Name _____

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.

FOR OFFICE USE ONLY:

Approval _____
Executive Director Date

Date of Payment _____

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

Legal Name (no nicknames): _____

Address: _____
Town _____ Zip _____

Soc Sec #: _____ - _____ - _____ Signature _____

Date	Description / Event	Responsibilities (e.g. Timer, Supervisor, etc.)	Amount
TOTAL			

Authorizing Signature _____

Position _____ **Date** _____

RETURN ORIGINAL FORM TO: SECTION XI
 180 EAST MAIN ST, SUITE 302
 SMITHTOWN, NY 11787

NYSPHSAA Code of Conduct Regional & State Championships



Participation in NYSPHSAA Regional and Championship events is considered an honor and privilege; with this understanding, athletes and coaches are expected to adhere to standards of behavior and conduct. NYSPHSAA appreciates the work of Athletic Administrators to ensure teams, athletes and coaches are aware of NYSPHSAA standards and expectations when participating in post-season events.

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 established by the Section supervisor or coach.
3. Athletes are responsible for their conduct in regard to public property such as: hotel rooms, transporting vehicles, fields and courts, locker rooms, etc. Athletes or the school they represent will be held financially responsible for any damage they incur.
4. Athletes must use transportation "authorized" by their section and school to and from the event.
5. There will be no gambling of any kind.

Code of Conduct for Coaches/ Sectional Supervisors shall:

1. Enforce Code of Conduct for athletes. Report problems to supervisors and send written reports to the Section and home school district.
2. Establish curfews and bed checks.
3. Be responsible for athletes from departure point of trip until trip is completed and ensure all athletes have transportation to their home district.
4. Make sure all emergency medical information is available for all student-athletes on site.
5. Notify proper authorities in the event an athlete is injured.
6. Abstain from the use of alcohol and controlled substances (*unless prescribed by a physician*).
7. Abstain from gambling of any kind.

All violations will be reported to the appropriate Section and/or School District Representative. Each Section reserves the right to have the individual(s) immediately removed from the event/venue and pursue any further disciplinary action as they deem necessary.

Emergency Medical Release:

NYSPHSAA member schools are responsible for ensuring coaches and/or Section supervisors have all necessary Emergency Medical Release information on site for all participating student-athletes.

Consent for use of Photography/ Video:

NYSPHSAA member schools are responsible for notifying the NYSPHSAA Executive Director (in writing at least 48 hours prior to a NYSPHSAA post-season event), if student-athletes do not consent to their photographs, videos or image being used in NYSPHSAA promotional materials (i.e. press releases, website, brochures, commercials, championship programs, etc.).

By signing below, the NYSPHSAA member school acknowledges understanding, knowledge and agreement with the information above.

Member School Name: _____
(Please Print)

Section: _____

Athletic Director's Name: _____
(Please Print)

Athletic Director's Signature: _____

Date: _____

SECTION XI

NEW YORK STATE PUBLIC HIGH SCHOOL ATHLETIC ASSOCIATION
180 EAST MAIN STREET, SUITE 302, SMITHTOWN, NY 11787
631-366-4900

Travel Permission Form

DATE _____

Dear Parent and Student-Athlete,

Congratulations on qualifying to represent Section XI at the NYSPHSAA state championships. You are to be commended for the time, energy and effort that you have put into your sport.

Attached or enclosed is information concerning the time and place of competition, the mode of travel and lodging information. If an unusual circumstance arises and you are unable to compete, please notify your high school coach or athletic director as soon as possible.

The conduct of students while competing, traveling and living with other Section team members is a matter of concern. Please be advised that you are subject to all of the rules and regulations in your individual high school and the Section XI Code of Conduct.

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 result in disciplinary action as well as the recovery of costs. Disciplinary action by Section XI will be in addition to actions taken by your school district.

It is required that you will travel to and from the site of athletic competition by the means provided by Section XI, otherwise you will not be permitted to compete. The only exception to this requirement will be on the return home when written notice has been provided in advance stating that you will be transported home with your parents. That notification is to be given to the sport chairperson.

PENALTIES FOR VIOLATION OF CODE OF CONDUCT

1. If a violation occurs prior to or during the contest the athlete will not be allowed to compete or continue to compete. The Section will recommend disciplinary action.
2. If a violation occurs *after* the competition the Section will make a recommendation for disciplinary action.
3. If the situation is warranted to be serious the parents and school will be notified. Immediate arrangements will be made to transport the athlete home.

***PARENTAL PERMISSION AND EMERGENCY CARD ON BACK MUST BE COMPLETED AND RETURNED TO SPORT COORDINATOR**

Travel Permission Form

Student Name: _____

Parent Name: _____

School: _____

Home Address: _____

Phone: Day: _____ Night: _____

Medical Conditions: Allergies: _____

Other: _____

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 Sports Chairperson prior to departure for the competition.

Thank you and good luck!

**SECTION XI
DELIVERY CONFIRMATION FORM**

NAME: _____

SCHOOL: _____

DESCRIPTION OF ITEMS RECEIVED: _____

RECEIVED FROM: _____

SIGNATURE: _____

DATE: _____

**PLEASE SIGN AND RETURN ORIGINAL TO:
SECTION XI – ATTN: SAMMY DITONNO
180 EAST MAIN STREET, SUITE 302
SMITHTOWN, NY 11787**

If you fax this please mail the original!!

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
INCIDENT-ACCIDENT REPORT

SPORT: _____

CHAIRMAN: _____

Date of Event: _____ Site: _____

Occurrence:

Date Submitted

Signature

SECTION XI ROOMING LIST

Sport _____

School (if applicable) _____

Room	Name	School

Room	Name	School

COACHES:

Room	Name	School

Room	Name	School

BUS DRIVER:

Room	Name
	TBA

**FAX TO: Section XI
366-4334**