POLICY FOR MERGING ATHLETIC TEAMS

MERGER COMMITTEE

Daniel Ward	Hudson Falls	Chairperson
Larry Gillooley	Niskayuna	Class AA
Sean Colfer	Lansingburgh	Class A
Chip Corlew	Glens Falls	Class B
Pat Moran	ND-BG	Class C
Jason Humiston	Fort Ann	Class D

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

1. Two (2) or more member schools shall be combined.

2. Classification for Sectional competition and beyond will be determined by using the appropriate formula or when required a vote of the Athletic Council.

3. In those activities where there is an absence of an effective program in one of the schools, a combined program may be established provided a need is shown to the league or sub-league involved and the Section 2 Merger Committee.

(Note: A Sub-League is defined as two or more of the 8 leagues recognized by Section 2 which are combined for competition in one or more sports. For Example, the Capitol District High School Ice Hockey, Tri County Indoor Track)

4. ***If a merger is denied by the Section, schools have the ability to resubmit a merger request using 100% of all schools BEDS enrollment numbers." This new request would still have to go through the entire process of seeking League and Section approval.***

APPLICATION FOR COOPERATIVE SPONSORSHIP OF AN ACTIVITY IN SECTION 2

Schools involved in the proposed, cooperative agreement must complete a separate application form before the Section 2 Merger Committee will take action. A separate application must be submitted for each activity. Additional copies of this form are available from the Secretary of Section 2 or a photocopied form is acceptable.

A fully completed copy of this form must be returned to: Section 2 Merger Committee at the Section 2 Office, 94 New Karner Rd., Suite 102, Albany, NY 12203, according to the following schedule: Email is preferred: section2athleticssn@gmail.com

Fall Sports – April 1 (Football - February 1)
Winter Sports – September 1
Spring Sports – January 1

PART I
School: ______________________________________

Address: ______________________________________

____

Other Schools Involved: ____

Activity to be Combined: Sport: ______________________**Level(s)** _________________________

• •

ENROLLMENT (BEDS) OF THIS SCHOOL: ___________

ENROLLMENT (BEDS) OF OTHER SCHOOL(S) INVOLVED: _____________

TOTAL ENROLLMENT: _________________

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Conditions, which prompted your school to file for a merger (Please do not use continuation as a condition.):

____

____

_____

_____

List the number of students from your school that participated in this activity. Use zero (0) if your school has not sponsored the activity in the past.

	DATES	GRADES 9	10	11	12
LAST SCHOOL YEAR	_____	_____	_____	_____	_____
CURRENT SCHOOL YEAR	_____	_____	_____	_____	_____

What will be the name of the combined team? _____

Where will practices be held? _____

Where will home competitions be held? _____

Which school will be responsible for administering the program?

_____

Name of Athletic Director responsible for administering the program:

_____

NAME SCHOOL

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Please attach a copy of the action item from your Board of Education meeting minutes, which include the approval of this application.

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Other information, which may assist the Section 2 Merger Committee in reaching a decision on this application:

_____

_____

_____

SIGNATURES: BOARD OF EDUCATION PRESIDENT _____

SUPERINTENDENT OF SCHOOLS _____

HIGH SCHOOL PRINCIPAL _____

ATHLETIC DIRECTOR _____

DATE OF APPLICATION _____

PLEASE FORWARD THIS FORM TO THE LEAGUE PRESIDENT OF YOUR LEAGUE FOR ACTION.

WHEN THIS FORM IS RETURNED TO YOU, FORWARD TO THE PRESIDENT OF THE LEAGUE OR SUB-LEAGUE IN WHICH THE PROPOSED MERGED TEAM WILL PARTICIPATE IF DIFFERENT FROM YOUR LEAGUE.

THE LEAGUE PRESIDENT OF THE LEAGUE OR SUB-LEAGUE IN WHICH THE PROPOSED MERGED TEAM WILL PARTICIPATE MUST SUBMIT ALL OF THE PAPERWORK TO THE Section 2 Office by email. section2athleticssn@gmail.com.

PART II – LEAGUE ACTION

NAME OF LEAGUE _____

This request for cooperative sponsorship is (approved / not approved).

Vote of member schools: YES ; NO ; ABSTAIN

SIGNATURE OF EXECUTIVE OFFICER _____

POSITION __League President_____ SCHOOL _____

DATE _____

If the request is not approved, attach a list of reasons to this form.
LEAGUE EXECUTIVE OFFICER: PLEASE RETURN THIS FORM TO THE SUPERINTENDENT OF THE SCHOOL INVOLVED AT THE ADDRESS INDICATED IN PART ONE OF THIS FORM. THANK YOU.

PART III – ACTION OF THE SECTION 2 MERGER COMMITTEE

The above request for cooperative sponsorship is (approved / not approved) for the sport of _____ for the school year of _____. .

CLASSIFICATION OF THE MERGED TEAM: _____

Signature of Merger Committee Chairman: _____

Date: _____

If not approved, reason (s): _____