

## **POLICY FOR MERGING ATHLETIC TEAMS**

### **MERGER COMMITTEE**

Joseph Sapienza	Voorheesville	Chairperson
Larry Gillooley	Niskayuna	Class AA
Ed Cook	South Glens Falls	Class A
Terry Nash	Coxsackie/Athens	Class B
Dominic Pitaniello	Rensselaer	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)

**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: Joseph Sapienza, Chairperson of the Section 2 Merger Committee at Voorheesville Central School, 432 New Salem Road, Voorheesville, NY 12186, according to the following schedule:**

**Fall Sports – May 1; Winter Sports – August 1; Spring Sports – January 1**

**PART I**

**School:** \_\_\_\_\_

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

\_\_\_\_\_ **Zip:** \_\_\_\_\_

**Other Schools Involved:** \_\_\_\_\_

**Activity to be Combined:** \_\_\_\_\_

.....  
ENROLLMENT GRADES 9-11 OF THIS SCHOOL: \_\_\_\_\_

ENROLLMENT GRADES 9-11 OF OTHER SCHOOLS INVOLVED: \_\_\_\_\_

TOTAL ENROLLMENT: \_\_\_\_\_

.....

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.

	GRADES				
DATES	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
------	--------

+++++

+++

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

+++++

+++

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 EXECUTIVE OFFICER OF THE LEAGUE OR SUBLEAGUE IN WHICH THE PROPOSED MERGER TEAM WILL PARTICIPATE FOR ACTION.**

**WHEN THIS FORM IS RETURNED TO YOU, FORWARD TO JOSEPH SAPIENZA (CHAIRPERSON), VOORHEESVILLE CENTRAL SCHOOL, 432 NEW SALEM RD., VOORHEESVILLE, NY 12186**

.....

**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 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):**

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