

SECTION IV MERGER COMMITTEE

Application for Merger of Schools for Athletic Activity

This application form must:

- (A) Be completed by each school involved in the sport described.
- (B) Be reviewed and approved by the athletic league involved.
- (C) Be submitted to the Section IV Merger Committee after A and B have been resolved.

A separate application must be submitted for each activity. Requests should be for a one-year period of time only.

School District: Charlotte Valley Central School

Address of School Involved: 15611 State Hwy 23
Davenport, NY 13750

Athletic Director of School Involved: Chery Butler

Phone Number: 607 - 434 - 9564

Other School(s) Involved: Schenevus Central School

Sport to be considered: Girls Soccer

Level(s) being merged (circle): Modified

School Year: 2023 - 2024

Describe conditions which prompted your school to request or support a merger--provide all appropriate rationale which will assist the league and merger committee in reaching a decision considered most beneficial to all:
lack of participation numbers. We are supporting this merger due to CVCS

What will be the identity of the combined team? Charlotte Valley

Where will practices be held? Schenevus Central School

Where will competition be held? Charlotte Valley & Schenevus Central Schools

Attach a copy of the action item from your school Board of Education meeting minutes which includes the approval of this application.

Signed: _____
Principal

Superintendent _____

Board of Education _____

Date: _____

Submit to Athletic League (This step must precede the Section action!):

League Action Approved Not Approved

Date _____

League Secretary _____

Forward to: Section IV Athletic Association
276 State Hwy 7
Sidney, NY 13838
mcweenej@dcmoboces.com

by: January 30, 2023 for Football
 August 29, 2022 for Fall activity
 November 21, 2022 for Winter activity
 March 20, 2023 for Spring activity

COMBINING OF TEAMS - 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:
The joining together of students from two or more-member schools in the same district or 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 grade 9-11 enrollment shall be combined, using the below criteria, for state level competition.

The graduated scale is used for up to 3 "team" mergers and mergers with 4 or more "teams" take 100% of their BEDS; **ONLY** in team sports. (July 2017)

NOTE: If two or more schools are located within the same physical building, 100% of their BEDS will be used if they are following the Combining of Teams process. (Feb. 2019)

The school(s) with the higher(est) classification number will have a percentage of the other school(s) classification number added according to the graduated scale below.

Beginning in 2019-2020 The percentages is dependent upon the association's "Sport Specific classification cut-off numbers" (July 2018)

Five Classes (100%, 100%, 100%, 40%, 30%)

Four Classes (100%, 100%, 40%, 30%)

Three Classes (100%, 40%, 30%)

Two Divisions (100%, 40%)

3. Section shall determine the deadlines for schools to merge or demerge programs.
4. If a non-public school is part of the merger, the "merged" team may be subject to the Section's Classification of Non-Public School Committee.
5. If a merger is denied by the Section, schools have the ability to resubmit a merger using 100% of all schools BEDS enrollment numbers. (July 2016)

Reporting Procedure: All violations shall be reported to the League and Section.

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Action of Section IV Merger Committee

The above request for merger is _____ Approved _____ Not Approved

For the activity of _____

For the school year _____

Classification AA A B C D

_____ Chairperson _____ Date _____

