

# West Nashville Sports League Basketball Addendum Packet

**Fall 2021**

LEAVE THIS PACKET HERE  
TONIGHT!

Head Coach: \_\_\_\_\_

Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Team Name (optional): \_\_\_\_\_



# WNSL VOLUNTEER COACHING REGISTRATION

If you have not completed the online registration,  
please complete the following:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Division and Team You are Coaching: \_\_\_\_\_

Have you previously had experience working with children?                      YES                      NO

# WNSL COACH CODE OF CONDUCT

- I will be a positive role model for my players. I will lead by example and always demonstrate sportsmanship and emphasize fair play.
- I will place the well-being of every player (whether he/she is on my team or not) ahead of my personal desire to win.
- I will organize practices that are both fun and challenging, designed to teach techniques and strategies that encourage team-play.
- I will emphasize skills development and improvement based on each individual player's needs, helping him/her gain confidence and self-esteem.
- I will consistently treat my players honestly and fairly. I will aim to be both a good communicator and listener. I will be generous in praise and never publically criticize.
- I will maintain an open line of communication with parents and encourage them to participate as instructors, team parents or liaisons.
- I will become knowledgeable in the rules of the sport, teach them to the players and support all league policies and regulations.
- I will inspect practice and game venues to ensure safe playing conditions. I will require players to be properly equipped at all times. I will teach safe and proper technique.
- I will abide by all WNSL policies. If there is a problem following these procedures, I understand that I will relinquish my coaching duties. I understand I am strictly a volunteer coach and not a member of the WNSL Board.
- I will create a healthy environment for sports by refraining from drug, alcohol and tobacco use.
- I will treat all players with respect, realizing this sport is created to benefit them.

Coach's Signature: \_\_\_\_\_

Coach's Printed Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

# COACH' S PRESEASON TEAM ASSESSMENT

Please complete the following information so that we may gain some insight into your team's ability and may place it appropriately. If you are coaching multiple teams, please fill out one sheet for each team:

On a scale of 1-10 with 10 being the best, please give \_\_\_\_\_ -or- I Have No Idea an honest evaluation of your team's competitiveness

I desire to play the strongest competition possible: YES \_\_\_\_\_ NO \_\_\_\_\_

Has this team played together in the past? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, how many years? \_\_\_\_\_

What was the team's division and record last year? \_\_\_\_\_

If your team has players in different grades, how many are in each grade? Grade: \_\_\_\_ Players: \_\_\_\_  
Grade: \_\_\_\_ Players: \_\_\_\_  
Grade: \_\_\_\_ Players: \_\_\_\_  
Grade: \_\_\_\_ Players: \_\_\_\_

How many times per week will you practice? \_\_\_\_\_

Have you already begun practicing? YES \_\_\_\_\_ NO \_\_\_\_\_

If you have multiple teams in the same age group, did you split talent evenly or stack one team? SPLIT \_\_\_\_\_ STACK \_\_\_\_\_

If you stacked, which team is this? A-TEAM \_\_\_\_ B-TEAM \_\_\_\_

Considering the formation and ability of your team, please select your preference from one of the following competition levels:

\_\_\_\_\_ Recreational Level

\_\_\_\_\_ Middle Level

\_\_\_\_\_ Competitive Level

# FALL Game Schedule Request

Coach Last Name: \_\_\_\_\_

Division: \_\_\_\_\_

Are you the head coach of two teams? \_\_\_\_\_

This calendar is where you make any scheduling requests. If you know you will not be able to field a team on a certain week, let us know now and we can probably get you a double header on another week. We must know this before the schedule is released to even consider the alternate date, however. **All games will be held between 8AM – 5PM., depending on facility availability.**

**OUR TEAM CLAN PLAY ON WEEKNIGHTS & SUNDAYS IF NEEDED \_\_\_\_\_ YES \_\_\_\_\_ NO**

**Guaranteed 5 regular season games plus FREE entry into the WNSL Christmas Tournament.**

<b>WNSL Fall Basketball Calendar</b>
<b>November 6</b>
<b>November 13</b>
<b>November 20</b>
<b>November 27 NO GAMES</b>
<b>December 4</b>
<b>December 11</b>
<b>December 17 – 19 WNSL Christmas Tournament</b>

### Form Instructions:

*Use the calendar to the left to make any schedule requests. Note that all requests are exactly that, and none are guaranteed. Please do not abuse this form by requesting all 10 a.m. games or something similar.*

To indicate a week that your team cannot play, place an 'X' in the appropriate box.

**Also note the following dates of importance:**

- November 25 – Thanksgiving

If you have other scheduling requests (back-to-back games, etc.), please indicate them here:

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I am requesting \_\_\_\_\_ extra regular season games (\$50/game)

# CONCUSSION

## INFORMATION AND SIGNATURE FORM FOR COACHES

Public Chapter 148, effective January 1, 2014, requires that school and community organizations sponsoring youth athletic activities establish guidelines to inform and educate coaches, youth athletes and other adults involved in youth athletics about the nature, risk and symptoms of concussion and head injury.

(Adapted from CDC "Heads Up Concussion in Youth Sports")

**Sign and return this page.**

\_\_\_\_\_ I have read the *Concussion Information and Signature Form for Coaches*  
Initial

\_\_\_\_\_ I should not allow any student-athlete exhibiting signs and symptoms consistent with concussion to  
Initial return to play or practice on the same day.

**After reading the Information Sheet, I am aware of the following information:**

\_\_\_\_\_ A concussion is a brain injury.  
Initial

\_\_\_\_\_ I realize I cannot see a concussion, but I might notice some of the signs in a student-athlete right  
Initial away. Other signs/symptoms can show up hours or days after the injury.

\_\_\_\_\_ If I suspect a student-athlete has a concussion, I am responsible for removing him/her from activity  
Initial and referring him/her to a medical professional trained in concussion management.

\_\_\_\_\_ Student-athletes need written clearance from a health care provider\* to return to play or practice  
Initial after a concussion. \* (Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training)

\_\_\_\_\_ I will not allow any student-athlete to return to play or practice if I suspect that he/she has received  
Initial a blow to the head or body that resulted in signs or symptoms consistent with concussion.

\_\_\_\_\_ Following concussion the brain needs time to heal. I understand that student-athletes are much  
Initial more likely to sustain another concussion or more serious brain injury if they return to play or practice before symptoms resolve.

\_\_\_\_\_ In rare cases, repeat concussion can cause serious and long-lasting problems.  
Initial

\_\_\_\_\_ I have read the signs/symptoms listed on the *Concussion Information and Signature Form for  
Initial Coaches.*

\_\_\_\_\_  
Signature of Coach

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Coach

**What is the best way to treat Sudden Cardiac Arrest?**

- Early Recognition of SCA
- Early 9-1-1 access
- Early CPR
- Early Defibrillation
- Early Advance Care

**Public Chapter 325 – the Sudden Cardiac Arrest Prevention Act**

The Act is intended to keep youth athletes safe while practicing or playing in an athletic activity. The Act requires:

- Require that, on a yearly basis, a sudden cardiac arrest information sheet be signed and returned by each coach and athletic director
- The immediate removal of any youth athlete who passes out or faints while participating in an athletic activity, or who exhibits any of the following symptoms:
  - (i) Unexplained shortness of breath;
  - (ii) Chest pains;
  - (iii) Dizziness
  - (iv) Racing heart rate; or
  - (v) Extreme fatigue; and
- Establish as policy that a youth athlete who has been removed from play shall not return to the practice or competition during which the youth athlete experienced symptoms consistent with sudden cardiac arrest.
- Before returning to practice or play in an athletic activity, the athlete must be evaluated by a Tennessee licensed medical doctor or an osteopathic physician. Clearance to return to full or graduated practice or play must be in writing.

*I acknowledge that I have reviewed and understand the symptoms and warning signs of SCA.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# 2021 Uniform Information Sheet

Coach Name: \_\_\_\_\_

Team's Gender: \_\_\_\_\_

Team's Grade: \_\_\_\_\_

Please check the Appropriate Statement:

\_\_\_\_\_ My team WILL NOT wear the WNSL uniforms this season because we are providing our own. (Teams wearing their own uniforms must have reversible jerseys [color/white] with numbers on both sides)

\_\_\_\_\_ My team WILL wear the standard WNSL uniforms this season.

\*No money will be refunded to teams for not wearing the WNSL uniform and these uniforms will be donated towards the scholarship players.



# Medallions



**WNSL no longer gives participation medallions to every player. If you would like to request participation medallions for your team, please fill out this form:**

**Yes, I would like medallions for my team this year: \_\_\_\_\_**

**-or-**

**No, I would not like medallions for my team this season: \_\_\_\_\_**

**Coach's Name: \_\_\_\_\_**

**Team Name: \_\_\_\_\_**

**Division: \_\_\_\_\_**