

West Nashville Sports League

Spring Softball Addendum

2022

LEAVE THIS PACKET HERE TONIGHT!

Head Coach's Name: _____

Division: _____

Sponsor Name & Contact Information:

Name of Sponsor

Sponsor's Email Address and/or Phone Number



WNSL COACH CERTIFICATION:

Please make sure to complete all forms in this Addendum packet and
LEAVE THE PACKET HERE TONIGHT!

1. Coach Disclosure
2. Coach Code of Conduct
3. Coach Bio
4. Team Sponsor
5. Team Parent Designation
6. Team Assessment
7. Practice Request
8. Team Name & Uniforms
9. Coach Jersey
10. Game Schedule Request
11. Medallion Request Form
12. Concussion Protocol
13. Cardiac Arrest Protocol

WNSL VOLUNTEER COACHING DISCLOSURE

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: _____

WNSL COACH BIO

We would love to learn a little more about you. Please take a few minutes to fill out this form and turn it in at the Coaches' Meeting.

Name: _____ Team: _____

Are You Married? _____ Including yourself, how many members are in your family? _____

Employer: _____ Occupation: _____

How many years have you lived in Nashville? _____ College You Attended: _____

Did you play sports in high school or college? _____ Which ones? _____

How many years have you coached softball? _____ How many of those years in the WNSL? _____

Why do you coach? _____

How did you hear about the WNSL? _____

If you switched leagues, why did you choose the WNSL? _____

What do you think separates the WNSL from other youth sports leagues? _____

What is your primary goal this season? _____

How will you measure whether your season was a success? _____

How would you classify your style of coaching? (Passive, chatty, demonstrative, etc.) _____

What do you feel is the *most* effective way to make a point to your players? (Physical demonstration, verbal explanation, benching them, etc.) _____

Do you think equal playing time should be mandated? _____ Why or why not? _____

Will you play your best players in order to give your team a better shot at winning? _____

Team Sponsor Information

Each 2022 Spring Softball Team must have a \$250 Team Sponsor to help offset the cost of field maintenance, scholarships and more.

The team sponsorship level is \$250 and is due by March 8th at the Coach's Meeting.

Please list the name and contact information for your team sponsor:

Coach's Name: _____

Division: _____

Sponsor Contact Name: _____

Sponsor Company: _____

Sponsor E-Mail Address: _____

Sponsor Phone Number: _____

Logo Provided, Yes___ No___ Logo has been emailed, Yes___ No___

Sponsorship Payment Made by CC___, Check #_____, Cash _____

A .jpg version of the sponsor's logo must be e-mailed to carly@wnsl.net by March 8 at the latest to be included on Jerseys and T-Shirts.

Team Parent Designation

All teams should have a team mom/dad designated as an additional point of contact. Please indicate the name of this person for your team:

Team Parent:

Coach Name: _____

Team Name: _____

Division: _____

Also, please direct your team parent to follow the volunteer registration instructions in this packet

COACH'S PRESEASON TEAM ASSESSMENT

Coach: _____ Division: _____

Please complete the following information so that we may gain some insight into your team's ability. 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 an honest evaluation of your team's competitiveness _____ -or- No Idea _____

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 of multiple ages, how many of each are there? Age: _____ Players: _____

Age: _____ Players: _____

How many times per week will you practice? _____

Have you already begun practicing? YES _____ NO _____

Considering the formation and ability of your team, please select your preference from one of the following three competition levels, keeping in mind that this is just a request:

_____ **COMPETITIVE:** An above average team, usually with handpicked players for set positions by a coach and/or parent representative. The team will not move players around much and only certain players will be touching the ball. Intensity is present and winning is more important than development of all players.

_____ **RECREATIONAL:** Fun is the name of the game in this level -- generally are teams aiming to improve their skills but not wishing to play tough competition. These teams focus on education and development of each player in every position. Coach pledges that all players will get to play different positions and all players get touches during every game, winning or losing will not matter. Fun and developmental team.

_____ **TWEENER:** In between the two above and the league can place team where needed.

Pre-Season Practices on WNSL Fields

At the March 8th Coach meeting, coaches will have the opportunity to reserve practice times on any available fields from Wednesday, March 10th through Thursday, March 31st. We ask all coaches to stay off all game fields on Friday, April 1st, in order that Grounds Crew can make final preparations for the April 2nd Opening Day games. Notes: The playground for smaller children at FHUMC is OFF-LIMITS for us.

The above items are DEAL-BREAKERS for these organizations, please comply!

Practices During-the-Season

Listed below are the times we “expect” to be able to grant “during-the-season” practices. Final times will be determined after league schedule is completed. Please list 4 preferences below (rank in order) that will work for your team. We will “try” to honor.

For 6U (Wookies) Teams

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
GHP 3	1-2, 2-3, 3-4, 4-5.	4-5, 5-6, 6-7		4 - 5, 5 - 6, 6 - 7		4-5, 5-6, 6-7
FHUMC	1-2, 2-3, 3-4, 4-5, 5-6.					

For 8U (Rookies) Teams

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
GHP 3	1-2:15 2:15-3:30 3:30-4:45	4-5:15, 5:15 - 6:30 6:30 - DARK		4-5:15, 5:15 - 6:30 6:30 - DARK		4-5:15, 5:15 - 6:30 6:30 - DARK
FHUMC		4-6:00, 6-Dark	4-6:00, 6-Dark	4-6:00, 6-Dark	4-6:00, 6-Dark	4-6:00, 6-Dark

For 10U (Minors) Teams

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
GHP2	12 - 1:30 1:30 - 3 3 - 4:30 4:30-6 6 - 7:30	4-5:30 5:30-7		4-5:30 5:30-7		4-5:30 5:30-7

For 12U (Majors) Teams

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
GHP 1	12:30-2:15 2:15-4:00 4-5:45 5:45-7:30	4-5:30 5:30-7		4-5:30 5:30-7		4-5:30 5:30-7

Division _____ Head Coach _____

1st Choice: Day of Week _____ Location _____ Time _____

2nd Choice: Day of Week _____ Location _____ Time _____

3rd Choice: Day of Week _____ Location _____ Time _____

4th Choice: Day of Week _____ Location _____ Time _____

Teams may also request use of the Elmington Park Field (in front of West End Middle School) by contacting Metro Parks at 615-862-8424.

TEAM NAME REQUEST

The league teams will be provided with a generic jerseys this season. Each team will be able to select the (appropriate) 'team name' that is printed on the front of the jersey. The maximum character length is 15. Player name can also be added to the back of player Jersey for an **additional \$6 cost****.

Coach Name _____ Grade: _____

Please print your preferred team name here: 1) _____ 2) _____

****Player name order form along with Coach/Parent Jersey order form Due by March 11th****

JERSEY COLOR REQUEST

There will be 14 different jersey colors to choose from this year. Please list your top 5 jersey colors. We will assign teams colors based on selections.

1st choice: _____

2nd choice: _____

3rd choice: _____

4th choice: _____

5th choice: _____

Possible Color options:

Black/White

Fuchsia/White

Gray/Black

Lime Green/White

Navy/White

Purple/White

Royal Blue/White

Red/White

White/Black

COACH/PARENT REPLICA JERSEY ORDER FORM

Parents: Support your team by wearing your team's jersey to the game!

All Coaches from each team are requested to wear replica jerseys. Replica jerseys are \$25 each. Deadline to order is March 11th.

These orders must be placed and paid for before uniforms are distributed

Make checks payable to WNSL. Jerseys are to be paid in full by Opening Day.

Please list the quantity you would like next to each size

_____	Adult Small
_____	Adult Medium
_____	Adult Large
_____	Adult X Large
_____	Adult XX Large
_____	Adult XXX Large

Number of jerseys ordered _____ X \$25 = _____ (Amount due to WNSL)

Coach Name _____ Team Name _____ Division _____

Game Schedule Request

Coach: _____ Division: _____

Check here if you are the head coach of two Softball teams: _____ What is the division of the other team? _____

Check here if you are interested in having your team play away games against Other Leagues _____

April						
					1	2*
3	4	5	6	7	8	9
10	11	12	13	14	15 x	16 x
17 x	18	19	20	21	22	23
24	25	26	27	28	29	30
May						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22 x	23 x	24 x	25 x	26 x	27 x	28 x
29 x	30 x	31 x				

Form Instructions:

Please read these carefully as any deviation to these instructions could result in your requests not being considered.

1. Use the calendar to the left to make any schedule requests. Do not abuse this form. (Example: Marking out every day but Tuesday and Saturday will result in no attention paid to your requests)
2. To indicate that your team cannot play on a specific day, place an 'X' in the appropriate box.
3. To indicate that your team needs a morning game on a specific Saturday, place an 'AM' in the box.
4. To indicate that your team needs an afternoon game on a specific Saturday, place a 'PM' in the box.

Dates with an * next to them are as follows:

April 2: Opening Day

Also note the following dates of importance:

- Spring break for WCS: Mar. 14 - 18
- Spring break for MNPS: Mar. 14-18
- Easter: April 17th (No Games)

If you have other scheduling notes, please indicate them here:

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: _____

No matter whether the athlete is a key member of the team or the game is about to end, an athlete with a suspected concussion should be immediately removed from play. To help you know how to respond, follow the Heads Up four-step action plan:

1. REMOVE THE ATHLETE FROM PLAY.

Look for signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head or body. When in doubt, sit them out!

2. ENSURE THE ATHLETE IS EVALUATED BY AN APPROPRIATE HEALTH CARE PROFESSIONAL.

Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods they can use to assess the severity of concussions. As a coach, recording the following information can help health care professionals in assessing the athlete after the injury:

- Cause of the injury and force of the hit or blow to the head or body
- Any loss of consciousness (passed out/knocked out) and if so, for how long
- Any memory loss immediately following the injury
- Any seizures immediately following the injury
- Number of previous concussions (if any)

3. INFORM THE ATHLETE'S PARENTS OR GUARDIANS.

Let them know about the possible concussion and give them the Heads Up fact sheet for parents. This fact sheet can help parents monitor the athlete for signs or symptoms that appear or get worse once the athlete is at home or returns to school.

4. KEEP THE ATHLETE OUT OF PLAY.

An athlete should be removed from play the day of the injury and until an appropriate health care provider* says he or she is symptom-free and it's OK to return to play. After you remove an athlete with a suspected concussion from practice or play, the decision about return to practice or play is a medical decision.

* Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training.

REFERENCES

1. Lovell MR, Collins MW, Iverson GL, Johnston KM, Bradley JP. Grade 1 or "ding" concussions in high school athletes. *The American Journal of Sports Medicine* 2004; 32(1):47-54.
2. Institute of Medicine (US). Is soccer bad for children's heads? Summary of the 10M Workshop on Neuropsychological Consequences of Head Impact in Youth Soccer. Washington (DC): National Academies Press, 2002.
3. Centers for Disease Control and Prevention. Sports-related recurrent brain injuries-United States. *Morbidity and Mortality Weekly Report* 1997; 46(10):224-27. Available at: www.cdc.gov/mmwr/preview/mmwrhtml/00046702.htm

If you think your athlete has a concussion take him/her out of play and seek the advice of a health care professional experienced in evaluating for concussion.

For more information, visit www.cdc.gov/Concussion.

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