

West Nashville Sports League Basketball Addendum Packet

Winter 2023

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**

WINTER Basketball Schedule Requests

Coach Last Name: _____ Gender: _____ Grade: _____

****Are you the head coach of two teams? _____ If yes, Grade and Gender of the second team: _____**

Do you have players participating in 2023 WNSL Winter Indoor Soccer? _____ Coach Name _____

My Team Would Like Extra Regular Season Games (\$60 per game) Yes _____ How many games? _____

I will pay via ___ Check ___ Credit Card (3% Credit Card Fee will be applied)

While there are absolutely no guarantees, THIS IS YOUR CHANCE to provide specific scheduling requests. Please think through any conflicts now. If something comes up between now and December 13, please e-mail scott@wnsl.net.

WNSL Basketball Schedule
January 7
January 14
January 21
January 28
February 4
February 11
February 18
February 25

Form Instructions:

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

1. To indicate that your team cannot play on a given Saturday, place an 'X' in the appropriate box. (If you are unavailable to play on a Saturday, you may only play 7 games.)
2. You may select certain games times for a few games, but not all. Coaches that have two teams will be given priority. (This is not a guarantee; all teams should have an assistant coach.)
3. Work related scheduling conflicts will be given high priority, but social events will not (unless school related).

Also note the following dates of importance:

- MLK Day is Jan. 16 (Weekend of Jan. 14)

If you have other scheduling notes, including players playing on other WNSL basketball teams (include coach name and grade level), please indicate them here.

2023 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.

Practices Through the WNSL

Who Is Eligible

Any team is eligible to request a practice slot, but the intent for WNSL to be involved is solely to assist teams that are not able to secure practices on their own. Therefore, WNSL requests times in public school gyms. We have submitted the requests for times shown below and will know soon if we receive any or all of these times.

If your team can secure a practice site on-your-own, we request that you do so, leaving the league-secured practice times for the teams without that connection.

Space and Fees Passed-on To the Teams

WNSL pays significant fees for these gym rentals, which also include custodial fees, and a gym monitor to be on duty at all times. It is necessary for us to pass-along a portion of the fees to offset the costs for these practice facilities.

For teams that play on 7, 8, and 9 foot baskets we allot one-half of one crosscourt (one goal) and attempt to place a team of the same age group on the opposite goal (in case coaches want to scrimmage).

For teams that play on 10 foot baskets we allot one full crosscourt (space permitting).

The fees for a practice time for the entire season are as follows:

\$200 One-Time Fee for the entire season (equates to approximately \$25/practice).

Times We Expect to Be Able to Assign

Sundays

Sundays (beginning December 18th) at **West End Middle School** (3529 West End Ave, Nashville, TN 37205, Gym Entrance on Elmington Ave.)

Times are 1-2 p.m., 2-3 p.m., 3-4 p.m., 4-5 p.m., 5 – 6 p.m.

Sundays (beginning December 18th) at **Cohn Learning Center** (4805 Park Ave, Nashville, TN 37209, Gym at the corner of 48th & Elkins)

Times are 1-2 p.m., 2-3 p.m., 3-4 p.m., 4-5 p.m., 5 – 6 p.p.

PRACTICE REQUESTS

I would like to be considered for a practice time through the league:

Coach _____ Team Age Group/Gender _____

_____ I already have a league-assigned practice time from the Fall 2022 Season and I would like to keep the same time

Will this be your only practice site? Yes No

1st Choice _____ 2nd Choice _____

3rd Choice _____ 4th Choice _____

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 (optional): _____

Division: _____

2023 WNSL March Madness Tournament Team Intention

Coach Name _____ Team Grade _____ Team Gender _____

_____ My Team WILL Participate in the March Madness
Tournament

_____ My Team WILL NOT Participate in the March Madness
Tournament

_____ I will let you know later, we MAY be participating
(registration deadline is February 20th)

March Madness Details:

Eligibility: Boys and Girls K – 9th Grade, Boys 10th – 12th Grade

Dates: March 2 – 5

Location: Legacy Courts, Other West Nashville Area Gyms

Cost: \$200 for WNSL Teams, \$250 for Non-WNSL Teams

Registration Deadline February 20th

How to register:

Register online by signing into your account at www.wnsl.org.
Select the Blue Programs Available button next to your player's
name and find 2023 March Madness Tournament. Scroll through
the options to select your division and continue. Only ONE
registration is needed per team.

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