

West Nashville Sports League
Fall Softball Addendum Packet
2022

LEAVE THIS PACKET HERE TONIGHT!

Head Coach's Name: _____

Team Name: _____

Division: _____



WNSL COACH CERTIFICATION:

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

1. Website Volunteer Registration Instructions
2. Coach Disclosure Form
3. Coach Code of Conduct
4. Coach Bio
5. Team Parent Designation
6. Team Assessment
7. Game Schedule Request Form
8. Medallion Request
9. Concussion Protocol

WNSL VOLUNTEER COACHING REGISTRATION

If you have not completed the online Volunteer Coach 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: _____

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 sports? _____

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

What is your primary goal this season? _____

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

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

Thanks for coaching!

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: _____

Team Parent's E-mail: _____

Team Parent's Player's Name: _____

Also, please direct your team parent to follow the volunteer registration instructions in this packet (also available online under the 'About Us' tab)

COACH' S PRESEASON TEAM ASSESSMENT

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 _____ -or- No Idea
an honest evaluation of your team's competitiveness

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? _____

Does your team have any players playing down? YES _____ NO _____

Does your team have any players playing up? YES _____ NO _____

How many times per week will you practice? _____

Have you already begun practicing? YES _____ NO _____

If yes, what was the date of your 1st practice? _____

In the Fall, we do not split teams into divisions, however we will try to match teams up based on ability and age. Please select the division your team would most likely fall into :

_____ **COMPETITIVE:** An above average team, usually with handpicked players for set positions by a coach and/or parent representative. These teams have played together before in other leagues .

_____ **RECREATIONAL:** Fun is the name of the game in this level -- generally are newly-formed 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.

TEAM NAME and COLORS

The league teams will be provided with a jersey, pants and socks this season with
Your Team Name printed on the front.

MY TEAM WILL BE USING OUR OWN UNIFORMS _____

Please list your Team Name Choice: 1) _____ 2) _____

There will be 9 different jersey colors. Teams will be randomly assigned a jersey color.

Possible Color options:

Black

Pink

Lime Green

Gray

Navy

Orange

Purple

Royal Blue

Red

List Your Top 4 Color Choices:

1) _____ 2) _____ 3) _____ 4) _____

Game Schedule Request

Coach Last Name: _____ Division: _____ Are you the head coach of two teams? _____

This calendar is where you make any scheduling requests. We schedule around other sport conflicts and can usually avoid work conflicts as well. If you know you will not be able to field a team on a certain week, let us know now and we will try to get you a double header on another week, but this is not a guarantee! We must know this before the schedule is released to even consider the alternate date, however.

Each team will receive 8 games. Games will be primarily Saturdays.

Please note we will be playing home and away inter-league with other area leagues such as Crieve Hall, Bellevue and Other Area Leagues.

WNSL Fall Softball Calendar
August 20
August 27
September 10
September 17
September 24
October 1
October 8

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:

- Fall break for Metro Nashville Schools:
October 8 - 14
- Fall break for Williamson County Schools:
October 10 -14

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

Medallions



WNSL does not give 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: _____

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 Coaches*.
Initial

Signature of Coach

Date

Printed name of Coach