

West Nashville Sports League

Fall Flag Football Addendum Packet

2021

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 Volunteer Registration Form
2. Coach code of Conduct
3. Coach Bio
4. Team Parent Designation
5. Team Assessment
6. Team Name and Jersey Color Request
7. Player Names on Jerseys
8. Shorts Order Form
9. Coach/Parent Jersey Order Form
10. Game Schedule Request Form
11. Jamboree Intention Form
12. Clinic Volunteer Form
13. Medallions Request Form
14. Concussion Protocol

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: _____

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 Football? _____ ... 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. If coaching multiple teams, please fill out a 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

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? _____

Players are old for their grade (been grey shirted) YES ___ NO ___ MAYBE ___

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. The team will not move players around much and only certain players will be touching the ball. Intensity is present and winning is important.

_____ **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.

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 legibly here: 1) _____ 2) _____ 3) _____

Please print your team's sponsor name here: _____

****Player name order form along with Coach/Parent Jersey order form Due by August 13th****

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
Cardinal Red
Green
Gold (Yellow)
Gray
Carolina Blue
Maroon
Navy
Orange
Purple
Royal Blue
Red
Vegas Gold
White

PLAYER SHORTS ORDER FORM

Cost 15.00 per pair



No-pocket shorts

Sizes YS, YM, YL, AS, AM, AL, AXL, AXXL

_____ Black _____ Match Jersey Color (When Available)

<u>Size:</u>	<u>Quantity:</u>
YS:	_____
YM:	_____
YL:	_____
AS:	_____
AM:	_____
AL:	_____
AXL:	_____
AXXL:	_____

TEAM Name: _____ Age _____
Div: _____

Contact Person: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Cell: _____

Email: _____

*****Order form must be completed and turned in by August 13th*****

COACH/PARENT JERSEY ORDER

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

Coach and Parent Jerseys that will match the team are \$25 each without a name or \$30 if you'd like your name on the back.

Orders must be placed and paid for by August 13th.

Make checks payable to WNSL, P.O. Box 50710, Nashville, TN 37205

Please Submit One Order Per Team. Individual orders will not be accepted.

Team Name _____ **Coach Name** _____

Division _____

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

If you want names on the back, indicate that below:

Jersey 1: Size _____ Name _____

Jersey 2: Size _____ Name _____

Jersey 3: Size _____ Name _____

Jersey 4: Size _____ Name _____

Game Schedule Request

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

If you have players playing WNSL Fall Baseball, please list the coaches and division of those teams:

This calendar is where you make any scheduling requests. We schedule around WNSL Fall Baseball 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 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.

*****Guaranteed Jamboree, 6 League games plus at least 2 tournament games*****

WNSL Flag Football Schedule
August 28 - Jamboree
September 11
September 18
September 25
October 2
October 9
October 16 No Games – Fall Break
October 23
Oct 30 - 31 Music City Flag Bowl Tournament*

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 11 - 15
- Fall break for Williamson County Schools:
October 13 - 15

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

*Music City Bowl may begin on Oct. 25th to guarantee all teams at least 2 games

JAMBOREE INTENTION

August 28th

The Jamboree will be a day to train referees and give your team a warm-up before the season begins!

Depending on how many teams participate, each team will scrimmage a few other teams in your division. This will allow you and the WNSL staff to make sure we have you in the right division, plus add one more day of football to the season!

Please select your intention to play in the 2021 Flag Football Jamboree:

_____ Yes, My team will participate.

_____ No, My team will **NOT** participate.



WNSL Flag Football Clinic Volunteer Sign Up

In order to make the WNSL's Flag Football clinics run smoothly, we need coaches to volunteer at the event by running and assisting at skill stations.

If you are able to help out on August 14th or August 21st, please indicate such. Your time commitment will be from about 8:00 a.m.-11:00 a.m.

Yes, I am willing to volunteer at the Flag Football clinic on Aug. 14 _____

Yes, I am willing to volunteer at the Flag Football clinic on Aug. 21 _____

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: _____



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