

# West Nashville Sports League

## Late Fall Soccer Addendum Packet

### 2020

LEAVE THIS PACKET HERE TONIGHT!

Head Coach's Name: \_\_\_\_\_

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



# 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 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 Soccer? \_\_\_\_\_ 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!

# 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: \_\_\_\_\_

# Team Parent Designation

It is recommended that all teams 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: \_\_\_\_\_

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 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? \_\_\_\_\_

**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. (These teams may go to other parks to play other competitive teams.)

\_\_\_\_\_ **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.

# 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**

WNSL Fall Soccer Calendar
November 7
November 14
November 21
November 28 NO GAMES
December 5
December 12
December 19

## 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 26 – Thanksgiving

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

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# Practice Requests

Teams will be responsible for securing their own practice facility and time.

You can request a practice time from Jon Sexton at Boost Fit Club for \$80/hour.

Please contact Jon at 615-499-5380 or  
[jsexton@boostfitclub.com](mailto:jsexton@boostfitclub.com).

\_\_\_\_\_ Check Here if You are interested in splitting field time at Boost Fit Club with another team.



# 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: \_\_\_\_\_**

**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