

# West Nashville Sports League

## Late Fall Soccer Addendum Packet

### 2021

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 6
November 13
November 20
November 27 NO GAMES
December 4
December 11
December 18

## 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 25 – 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

(Adapted from CDC “Heads Up Concussion in Youth Sports”)

**Read and keep this page.  
Sign and return the signature page.**

### THE FACTS

- A concussion is a **brain injury**.
- All concussions are **serious**.
- Concussions can occur **without** loss of consciousness.
- Concussion can occur **in any sport**.
- Recognition and proper management of concussions when they **first occur** can help prevent further injury or even death.

### WHAT IS A CONCUSSION?

Concussion is a type of traumatic brain injury caused by a bump, blow or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move quickly back and forth, causing the brain to bounce around or twist within the skull.

This sudden movement of the brain can cause stretching and tearing of brain cells, damaging the cells and creating chemical changes in the brain.

### HOW CAN I RECOGNIZE A POSSIBLE CONCUSSION?

To help spot a concussion, you should watch for and ask others to report the following two things:

1. A forceful bump, blow or jolt to the head or body that results in rapid movement of the head.
2. Any concussion signs or symptoms such as a change in the athlete’s behavior, thinking or physical functioning.

Signs and symptoms of concussion generally show up soon after the injury. But the full effect of the injury may not be noticeable at first. For example, in the first few minutes the athlete might be slightly confused or appear a little bit dazed, but an hour later he or she can’t recall coming to the practice or game.

You should repeatedly check for signs of concussion and also tell parents what to watch out for at home. Any worsening of concussion signs or symptoms indicates a medical emergency.

## SIGNS AND SYMPTOMS

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETE
<ul style="list-style-type: none"> <li>• Appears dazed or stunned</li> <li>• Is confused about assignment or position</li> <li>• Forgets an instruction</li> <li>• Is unsure of game, score or opponent</li> <li>• Moves clumsily</li> <li>• Answers questions slowly</li> <li>• Loses consciousness, even briefly</li> <li>• Shows mood, behavior or personality changes</li> <li>• Can't recall events prior to hit or fall</li> <li>• Can't recall events after hit or fall</li> </ul>	<ul style="list-style-type: none"> <li>• Headache or "pressure" in head</li> <li>• Nausea or vomiting</li> <li>• Balance problems or dizziness</li> <li>• Double or blurry vision</li> <li>• Sensitivity to light</li> <li>• Sensitivity to noise</li> <li>• Feeling sluggish, hazy, foggy or groggy</li> <li>• Concentration or memory problems</li> <li>• Confusion</li> <li>• Just "not feeling right" or "feeling down"</li> </ul>

### WHAT ARE CONCUSSION DANGER SIGNS?

In rare cases, a dangerous blood clot may form on the brain in an athlete with a concussion and crowd the brain against the skull. Call 9-1-1 or take the athlete to the emergency department right away if after a bump, blow or jolt to the head or body the athlete exhibits one or more of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

### WHY SHOULD I BE CONCERNED ABOUT CONCUSSIONS?

Most athletes with a concussion will recover quickly and fully. But for some athletes, signs and symptoms of concussion can last for days, weeks or longer.

If an athlete has a concussion, his or her brain needs time to heal. A repeat concussion that occurs before the brain recovers from the first – usually within a short time period (hours, days, weeks) – can slow recovery or increase the chances for long-term problems. In rare cases, repeat concussion can result in brain swelling or permanent brain damage. It can even be fatal.

### HOW CAN I HELP ATHLETES TO RETURN TO PLAY GRADUALLY?

An athlete should return to sports practices under the supervision of an appropriate health care professional. When available, be sure to work closely with your team's certified athletic trainer.

Below are five gradual steps you and the health care professional should follow to help safely return an athlete to play. Remember, this is a gradual process. These steps should not be completed in one day, but instead over days, weeks or months.

**BASELINE:** Athletes should not have any concussion symptoms. Athletes should only progress to the next step if they do not have any symptoms at the current step.

**STEP 1:** Begin with light aerobic exercise only to increase an athlete's heart rate. This means about five to 10 minutes on an exercise bike, walking or light jogging. No weightlifting at this point.

**STEP 2:** Continue with activities to increase an athlete's heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (reduced time and/or reduced weight from your typical routine).

**STEP 3:** Add heavy non-contact physical activity such as sprinting/running, high-intensity stationary biking, regular weightlifting routine and/or non-contact sport-specific drills (in three planes of movement).

**STEP 4:** Athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.

**STEP 5:** Athlete may return to competition.

If an athlete's symptoms come back or she or he gets new symptoms when becoming more active at any step, this is a sign that the athlete is pushing himself or herself too hard. The athlete

should stop these activities and the athlete's health care provider should be contacted. After more rest and no concussion symptoms, the athlete should begin at the previous step.

## PREVENTION AND PREPARATION

Insist that safety comes first. To help minimize the risks for concussion or other serious brain injuries:

- Ensure athletes follow the rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Wearing a helmet is a must to reduce the risk of severe brain injury and skull fracture. However, helmets are not designed to prevent concussion. There is no "concussion-proof" helmet. So even with a helmet, it is important for kids and teens to avoid hits to the head.

Check with your league, school or district about concussion policies. Concussion policy statements can be developed to include:

- The school or league's commitment to safety
- A brief description of concussion
- Information on when athletes can safely return to school and play.

Parents and athletes should sign the Parent Information and Signature Form at the beginning of the season.

## ACTION PLAN

## WHAT SHOULD I DO WHEN A CONCUSSION IS SUSPECTED?

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](http://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](http://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