

West Nashville Sports League

Winter Soccer Addendum Packet

2022

LEAVE THIS PACKET HERE TONIGHT!

Head Coach's Name: _____

Division: _____



WNSL VOLUNTEER COACHING DISCLOSURE

*Please complete the below form if you have not already
completed the volunteer profile at wnsi.org.*

Please Note, this is not your background check form.

Legal First Name: _____ Last Name: _____ Middle Initial: _____

Date of Birth: _____

E-Mail Address: _____

Best Phone: _____

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!

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.**

DO YOU HAVE PLAYERS PLAYING WNSL WINTER BASKETBALL _____ YES _____ NO

OUR TEAM CAN PLAY ON WEEKNIGHTS & SUNDAYS IF NEEDED _____ YES _____ NO

WNSL Winter Soccer Calendar
January 8
January 15
January 22
January 29
February 5
February 12
February 19
February 26

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:

- January 15 – MLK Day Weekend

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

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 \$90/hour.

Please contact Jon at 615-499-5380 or jsexton@boostfitclub.com.

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

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)

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