

West Nashville Sports League

Spring Baseball Addendum

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 Disclosure
2. Coach Code of Conduct
3. Coach Bio
4. Team Sponsor
5. Team Parent Designation
6. Team Assessment
7. Practice Request
8. Team Name & Uniforms
9. Coach Jersey
10. Game Schedule Request
11. All Star Coach Interest
12. Medallion Request Form
13. Background Check & Child Molestation Prevention Policy
14. Concussion Protocol
15. Cardiac Arrest Protocol

WNSL VOLUNTEER COACHING DISCLOSURE

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: _____ Team: _____

Are You Married? _____ 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 ones? _____

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

Why do you coach? _____

How did you hear about the WNSL? _____

If you switched leagues, why did you choose the WNSL? _____

What do you think separates the WNSL from other youth sports leagues? _____

What is your primary goal this season? _____

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

How would you classify your style of coaching? (Passive, chatty, demonstrative, etc.) _____

What do you feel is the *most* effective way to make a point to your players? (Physical demonstration, verbal explanation, benching them, etc.) _____

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

Will you play your best players in order to give your team a better shot at winning? _____

Team Sponsor Information

Each 2019 Spring Baseball Team must have a \$250 Team Sponsor to help offset the cost of baseball field maintenance, scholarships and more.

Sponsors can instead pay \$350 to have their logo on jerseys and a banner on Center Field fence!

The team sponsorship level is \$250 and is due by March 10th at the Coach's Meeting.

Please list the name and contact information for your team sponsor:

Coach's Name: _____

Division: _____

Sponsor Contact Name: _____

Sponsor Company: _____

Sponsor E-Mail Address: _____

Sponsor Phone Number: _____

Logo Provided, Yes___ No___ Logo has been emailed, Yes___ No___

Sponsorship Payment Made by CC___, Check #_____, Cash _____

A .jpg version of the sponsor's logo must be e-mailed to lauren@wnsl.net by March 12 at the latest to be included on Jerseys and T-Shirts.

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:

Coach Name: _____

Team Name: _____

Division: _____

Also, please direct your team parent to follow the volunteer registration instructions in this packet

COACH'S PRESEASON TEAM ASSESSMENT

Coach: _____ Division: _____

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 _____

I desire to play the strongest competition possible: YES _____ NO _____

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? _____

If your team has players of multiple ages, how many of each are there? Age: _____ Players: _____
Age: _____ Players: _____
Age: _____ Players: _____

How many times per week will you practice? _____

Have you already begun practicing? YES _____ NO _____

Considering the formation and ability of your team, please select your preference from one of the following three competition levels, keeping in mind that this is just a request:

_____ **GOLD:** An above average team, usually with handpicked players by a coach or after a tryout. This division has more relaxed, true-to-the-game rules.

_____ **SILVER:** Typically a school entry or a group of friends/classmates, teams in this division are middle-of-the-road for their age group in ability and fundamentals.

_____ **BRONZE:** Fun is the name of the game in this level -- generally recreational and newly-formed teams aiming to improve their skills but not wishing to play tough competition.

Pre-Season Practices on WNSL Fields

At the March 9th Coaches Meeting, coaches will have the opportunity to reserve practice times on any available fields from Wednesday, March 10^h through Thursday, March 25th. We ask all coaches to stay off all game fields on Friday, March 26th, in order that Grounds Crew can make final preparations for the March 27th Opening Day games. Notes: (1) Everyone MUST be off church grounds at HH by 5 p.m. on Wednesdays and Sunday. (2) The playground for smaller children at FHUMC is OFF-LIMITS for us. **The above items are DEAL-BREAKERS for these organizations...please comply!**

Practices During-the-Season

Listed below are the times we “expect” to be able to grant “during-the-season” practices. Final times will be determined after league schedule is completed. Please list 4 preferences below (rank in order) that will work for your team. We will “try” to honor. An asterik (*) designates fields where you are NOT as likely to get pre-empted for make-up games.

For Wookies Teams (22 spaces)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
HH 5	1-2, 2-3, 3-4, 4-5.	4-5*, 5-6*, 6-7*.	4-5*, 5-6*, 6-7*.	4-5*	4-5*, 5-6*, 6-7*.	4-5*, 5-6*, 6-7*.
FHUMC	1-2*, 2-3*, 3-4*, 4-5*, 5-6*.					

For Rookies Teams (22 spaces)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
HH1	1-2:15 2:15-3:30 3:30-4:45	4-6:00, 6-Dark	4-6:00, 6-Dark	3:30-5*	4-6:00, 6-Dark	4-6:00, 6-Dark
FHUMC		4-6:00*, 6-Dark*	4-6:00*, 6-Dark*	4-6:00*, 6-Dark*	4-6:00*, 6-Dark*	4-6:00*, 6-Dark*

For Minors Teams (20 spaces)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
WP2	12:30-2 2-3:30 3:30-5 5-6:30 6:30-8	4-5:30 5:30-7 7-8:30	4-5:30 5:30-7 7-8:30	4-5:30 5:30-7 7-8:30	4-5:30 5:30-7 7-8:30	4-5:30 5:30-7 7-8:30

For Majors and Prep (20 spaces)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
WP1	12:30-2:15 2:15-4:00 4-5:45 5:45-7:30 7:30-9:15	4:30-6 6-7:30 7:30-9	4:30-6 6-7:30 7:30-9	4:30-6 6-7:30 7:30-9	4:30-6 6-7:30 7:30-9 <i>(Adult Softball begins April 18)</i>	4:30-6 6-7:30 7:30-9 <i>(Adult Softball begins April 19)</i>

Division _____ Head Coach _____

1st Choice: Day of Week _____ Location _____ Time _____

2nd Choice: Day of Week _____ Location _____ Time _____

3rd Choice: Day of Week _____ Location _____ Time _____

4th Choice: Day of Week _____ Location _____ Time _____

Teams may also request use of the Elmlington Park Field (in front of West End Middle School) by contacting Metro Parks at 615-862-8424.

Baseball Uniform and Team Name Request

Coach _____

Division (Wookie, Rookie, etc.) _____

Priority 1--Prior to Coaches Meeting-->Coaches were given the opportunity to submit uniform sizes and confirm team sponsor. Once that was done, priority was established and uniforms were ordered for those teams.

Priority 2--At or After Coaches Meeting-->Coaches will be asked for team preferences and will be assigned, based on availability from the supplier.

Form Instructions:

If you are providing your own uniforms, check here: ___. (League will reimburse the coach \$20 per player for Wookies, \$35 per player for Rookies, Minors and Majors.)

Although the manufacturer has not had particular difficulty in keeping-up with the over-all demand, some sizes in certain teams are void. We will make every attempt to outfit your team in your highest possible choice. However, additional jerseys may not be available in some sizes.

Age Group	Uniforms That May Still Be Available
Wookies	Angels, A's, Astros, Blue Jays, Braves, Brewers, Cardinals, Cubs, Diamondbacks, Dodgers, Giants, Indians, Marlins, Mariners, Mets, Nationals, Orioles, Padres, Phillies, Pirates, Rangers, Rays, Reds, Red Sox, Rockies, Royals, Tigers, Twins, White Sox, Yankees.
Rookies	Angels, A's, Astros, Blue Jays, Braves, Brewers, Cardinals, Cubs, Diamondbacks, Dodgers, Giants, Indians, Marlins, Mariners, Mets, Nationals, Orioles, Padres, Phillies, Pirates, Rangers, Rays, Reds, Red Sox, Rockies, Royals, Tigers, Twins, White Sox, Yankees.
Minors	Angels, A's, Astros, Blue Jays, Braves, Brewers, Cardinals, Cubs, Diamondbacks, Dodgers, Giants, Indians, Marlins, Mariners, Mets, Nationals, Orioles, Padres, Phillies, Pirates, Rangers, Rays, Reds, Red Sox, Rockies, Royals, Tigers, Twins, White Sox, Yankees.
Majors	Angels, A's, Astros, Blue Jays, Braves, Brewers, Cardinals, Cubs, Diamondbacks, Dodgers, Giants, Indians, Marlins, Mariners, Mets, Nationals, Orioles, Padres, Phillies, Pirates, Rangers, Rays, Reds, Red Sox, Rockies, Royals, Tigers, Twins, White Sox, Yankees.

Please rank your top choices, even if you "think" we have already ordered your uniforms.

1) _____ 2) _____ 3) _____

4) _____ 5) _____

COACH/PARENT REPLICHA JERSEY ORDER FORM

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

All Coaches from each team are requested to wear replica jerseys. Replica jerseys are \$25 each. Deadline to order is March 12th.

These orders must be placed and paid for before uniforms are distributed

Make checks payable to WNSL. Jerseys are to be paid in full by Opening Day.

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

Number of jerseys ordered _____ X \$25 = _____ (Amount due to WNSL)

Coach Name _____ Team Name _____ Division _____

Game Schedule Request

Coach: _____ Division: _____

Check here if you are the head coach of two Baseball teams: ____ What is the division of the other team? _____

Check here if you are interested in having your team play away games against Other Leagues _____

March						
						27*
28	29	30	31			
April						
				1	2 x	3 x
4 x	5	6	7	8	9	10*
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	
May						
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23 30	24	25	26	27	28	29

Form Instructions:

Please read these carefully as any deviation to these instructions could result in your requests not being considered.

1. Use the calendar to the left to make any schedule requests. Do not abuse this form. (Example: Marking out every day but Tuesday and Saturday will result in no attention paid to your requests)
2. To indicate that your team cannot play on a specific day, place an 'X' in the appropriate box.
3. To indicate that your team needs a morning game on a specific Saturday, place an 'AM' in the box.
4. To indicate that your team needs an afternoon game on a specific Saturday, place a 'PM' in the box.

Dates with an * next to them are as follows:

- March 27: Baseball Opening Day
- April 10: Flag Football Opening Day
- April 10: Team Photo Day

Also note the following dates of importance:

- Spring break for WCS: Mar. 15 - 19
- Spring break for MNPS: Mar. 15-19
- Easter: April 4th (No Games)
- In-House Tournament: May 22-29

If you have other scheduling notes, please indicate them here:

ALL STAR COACHES

We need All Star Coaches for 6-15 year olds.

- Commitment will be for June and part of July
- Each age group will have one or more All Star Teams
- All Star Coaches will be asked to evaluate players & help obtain player commitment
- All Star Coaches will be evaluators at the try-out sessions
- 3 Coaches sons/team players will be free to play on the All Star team

IF YOU ARE INTERESTED IN COACHING AN ALL STAR TEAM PLEASE COMPLETE THE FOLLOWING:

Name: _____

Age Group willing to coach: _____

Email: _____

Cell Phone: _____

**** All-Star Coach Meeting Time and Location TBD****

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: _____

WNSL Sexual Abuse and Molestation Policy

"As a mandatory requirement to affiliate with West Nashville Sports League, our league certifies it will comply with all of the following:

Our league will comply with Federal law as set forth in Senate Bill 534 – Protecting Young Victims from Sexual Abuse and Safe Sport Authorization.

Further, our league will protect our minor athletes through the reporting, education and training and athlete safety policies consistent with the Senate Bill 534 by adopting the Child Safety Training Tutorial offered through Protect Youth Sports. Each coach or volunteer will be required to take this course.

Further, our league understands it should conduct, at a minimum, a third-party criminal background check which searches the Local County Court search, National Criminal Database and the National Sex Offender Registry in all 50 states on all managers and coaches, umpires and other officials in our league who have close contact with minor athletes.

**Take the video course at wnsl.org/baseball by
March 15th.**

_____ I will complete the video course on recognizing and preventing sexual molestation

_____ I will complete the Background check at Averity.com

_____ I understand that the deadline for both items to be completed is March 15th and I understand that if both items are not completed by March 15th I will not be able to coach in any capacity until it is completed.

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

What is the best way to treat Sudden Cardiac Arrest?

- Early Recognition of SCA
- Early 9-1-1 access
- Early CPR
- Early Defibrillation
- Early Advance Care

Public Chapter 325 – the Sudden Cardiac Arrest Prevention Act

The Act is intended to keep youth athletes safe while practicing or playing in an athletic activity. The Act requires:

- Require that, on a yearly basis, a sudden cardiac arrest information sheet be signed and returned by each coach and athletic director
- The immediate removal of any youth athlete who passes out or faints while participating in an athletic activity, or who exhibits any of the following symptoms:
 - (i) Unexplained shortness of breath;
 - (ii) Chest pains;
 - (iii) Dizziness
 - (iv) Racing heart rate; or
 - (v) Extreme fatigue; and
- Establish as policy that a youth athlete who has been removed from play shall not return to the practice or competition during which the youth athlete experienced symptoms consistent with sudden cardiac arrest.
- Before returning to practice or play in an athletic activity, the athlete must be evaluated by a Tennessee licensed medical doctor or an osteopathic physician. Clearance to return to full or graduated practice or play must be in writing.

I acknowledge that I have reviewed and understand the symptoms and warning signs of SCA.

Signature

Date