

West Nashville Sports League Basketball Addendum Packet Summer 2021

LEAVE THIS PACKET HERE TONIGHT!

Head Coach: _____

Assistant Coach: _____

Grade: _____ Gender: _____

Team Name (optional): _____



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 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

2021 WNSL Roster & Waiver Form

For FULL Teams

Coaches – Please submit this roster during your registration. Full team registration includes up to 12 players. Additional players must register as individuals.

Team Name: _____ Coach Name: _____ Grade: _____ Gender: _____

Player Name	Age	Grade	Parent Name	Parent E-mail	Parent Cell Phone

1. By signing above, I hereby certify that my participant is in normal health and capable of safe participation in the WNSL Summer Basketball Program. I release the league from any risk and liability incidental to the conduct of this program. I hereby authorize the WNSL’s appointed representative to obtain medical treatment for my child if I cannot be reached.
2. I support the WNSL philosophy based on character development, participation, fun, skill development, teamwork, fair play, family involvement and growth in spirit, mind & body.
3. Coaches, by signing below, you are certifying that all information is correct to the best of your knowledge.

Signature of Coach: _____ Printed Name: _____ Date: _____

FULL TEAM UNIFORM REQUEST

Coach name _____ Grade _____ Gender _____

_____ YES, I NEED WNSL UNIFORMS

_____ NO, MY TEAM WILL USE OUR OWN UNIFORMS

(Teams using their own uniforms will receive \$15/player refund. ONE check will be issued to the coach. Please enter total number of players here _____)

LIST SIZES NEEDED:

SHIRTS

_____ Adult Extra Large

_____ Adult Large

_____ Adult Medium

_____ Adult Small

_____ Youth Large

_____ Youth Medium

_____ Youth Small

SHORTS

_____ Adult Extra Large

_____ Adult Large

_____ Adult Medium

_____ Adult Small

_____ Youth Large

_____ Youth Medium

_____ Youth Small

_____ Total # of Uniforms Needed

COACH'S PRESEASON TEAM ASSESSMENT

Please complete the following information so that we may gain some insight into your team's ability and may place it appropriately. 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 _____ -or- I Have No Idea an honest evaluation of your team's competitiveness

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 in different grades, how many are in each grade?

Grade: ____	Players: ____
Grade: ____	Players: ____
Grade: ____	Players: ____
Grade: ____	Players: ____

How many times per week will you practice? _____

Have you already begun practicing? YES _____ NO _____

If you have multiple teams in the same age group, did you split talent evenly or stack one team? SPLIT _____ STACK _____

If you stacked, which team is this? A-TEAM ____ B-TEAM ____

Considering the formation and ability of your team, please select your preference from one of the following competition levels:

_____ **Recreational Level**

_____ **Middle Level**

_____ **Competitive Level**

Basketball Game Schedule Request

Coach Last Name: _____ Gender: _____ Grade: _____

Are you the **head coach** of two teams? _____

If yes, **Grade and Gender of the second team:** _____

While there are absolutely no guarantees, THIS IS YOUR CHANCE to provide specific scheduling requests. Please think through any conflicts now. If something comes up between now and May 25th, please e-mail scott@wnsl.net.

The WNSL reserves the right to play teams on Monday, Tuesday, or Wednesday nights depending on final number of registered teams. Games will start as early as 5pm and last games may start as late as 9 or 10pm. Teams will **tentatively** play on the following days beginning June 1, please make request accordingly.

Monday: 5th/6th Grade Boys, 7th - 9th Grade Boys and Girls, 10th - 12th Grade Boys

Tuesday: 1st/2nd Grade Boys and Girls, 4th Grade Boys and Girls, 5th/6th Boys, 7th - 9th Grade Boys and Girls

Wednesday: 3rd Grade Boys and Girls, 5th/6th Grade Girls, 7th - 9th Grade Boys and Girls

My team Requests to not play on the following nights:

I am requesting a scheduling request for the following reasons:

I request to play: Early _____ Late _____ No Preference _____

I cannot play during the week of: _____

I have paid for _____ additional games.

I have NOT paid for additional games but request _____ additional Games. (\$50/game)



WNSL has begun conducting background checks for all HEAD coaches. *Please keep in mind that this is a different process from the volunteer registration at WNSL.org.*

Don't Forget to Complete the
Protect Youth Sports Verity Background Check

Go to:

<https://opportunities.averity.com/WNSL>

By MAY 22nd!

Contact Scott@wnsl.net with any questions.

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