

# West Nashville Sports League Basketball Addendum Packet Summer 2022

LEAVE THIS PACKET HERE TONIGHT!

Head Coach: \_\_\_\_\_

Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Team Name (optional): \_\_\_\_\_



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

# 2022 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 20th, please e-mail [scott@wnsl.net](mailto:scott@wnsl.net).

The WNSL reserves the right to play teams on any/all designated nights of play depending on the final number of registered teams. Games will start as early as 5pm and last games may start as late as 9 or 10pm for ALL AGE GROUPS.

My team is NOT available to play on the following nights (please be as specific as possible):

---

---

---

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: \_\_\_\_\_

Teams are able to request additional games @ \$50 per game. If you would like to request extra games, please note the number (up to 8) below and be prepared to submit payment via check or credit card:

I request \_\_\_\_\_ additional Games for my team. (\$50/game)

I would like to pay via \_\_\_\_\_ CHECK \_\_\_\_\_ CREDIT CARD\*

*\*Credit card payments will have an additional 3% processing fee*

# 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