West Nashville Sports League

Fall Flag Football Addendum Packet

2017

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 form
2. Background Check Instructions
3. Coach Code of Conduct
4. Coach Bio
5. Team Parent Designation
6. Team Assessment
7. Team Name and Jersey Color Request
8. Player Names on Jerseys
9. Player Shorts Order
10. Coach/Parent Jersey Order Form
11. Practice Times Info
12. Game Schedule Request Form
13. Jamboree Intention Form
14. Clinic Volunteer Form
15. Medallion Order Form
16. Concussion Protocol Signature
WNSL VOLUNTEER COACHING DISCLOSURE

You MUST answer ALL questions. We will be running background checks!

Legal First Name: ___________________ Last Name: _____________________ Middle Initial: ___

Date of Birth: ______________________________________________________________________

E-Mail Address: ______________________________________________________________________

Best Phone: __________________________________________________________________________

List Any Other City and States of Residence (Last 5 Years): _________________________________

Please circle YES or NO:

Have you ever been convicted of a violent crime? YES NO If YES, please explain:
______________________________________________________________________________________

Have you ever been convicted of a crime against a person? YES NO If YES, please explain:
______________________________________________________________________________________

Have you previously had experience working with children? YES NO

I understand that the information I have provided is subject to verification.

Signature: ____________________________________________________________________________

Today’s Date: _________________________________________________________________________
WNSL conducts background checks for all HEAD coaches. *Please keep in mind that this is a different process from the volunteer registration at WNSL.org.*

There is no cost to you for this check. All fees are covered by WNSL.

If you have completed a background check within the past year, you DO NOT need to complete another one.

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

Go to:

https://opportunities.averity.com/WNSL

By AUGUST 20!

Contact *Scott@wnsl.net* with any questions.
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: ________________________________________________

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 Football? ____ ... 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!
Team Parent Designation

All teams must 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: ____________

Also, 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. If coaching multiple teams, please fill out a 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? ______________________

Players are old for their grade (been grey shirted) YES____ NO___ MAYBE____

Please select the division your team would most likely fall into:

_____ Upper Level/COMPETITIVE: An above average team, usually with handpicked players for set positions by a coach. The team does not wish to move players around much and only certain players will be touching the ball. Intensity is present and winning is more important than development of all players.

_____ Lower Level/RECREATIONAL: Fun is the name of the game in this level -- generally are 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. Coach pledges that all players will get to play different positions and all players get touches during every game, winning or losing will not matter. Fun and developmental team.

_____ Mid Level/TWEENER: In between the two above and the league can place team where needed.

_____ I understand that this is a request and the league my place my team where it feels my team will fit best
**TEAM NAME REQUEST**

The league teams will be provided with a generic jerseys this season. Each team will be able to select the (appropriate) ‘team name’ that is printed on the front of the jersey. The maximum character length is 15. Player name can also be added to the back of player jersey for an **additional $5 cost**.

Coach Name ____________________________________________  Grade: __________________________

Please print your preferred team name legibly here: 1) ____________ 2) ____________ 3) ____________

Please print your team's sponsor name here: __________________________________________________

**Player name order form along with Coach/Parent Jersey order form Due by August 15th**

**JERSEY COLOR REQUEST**

There will be 14 different jersey colors to choose from this year. Please list your top 5 jersey colors. We will assign teams colors based on selections.

1st choice: ________________________________

2nd choice: ________________________________

3rd choice: ________________________________

4th choice: ________________________________

5th choice: ________________________________

**Color options:**

- Black/White
- Cardinal/White
- Green/White
- Yellow/White
- Gray/White
- Carolina Blue/White
- Maroon/White
- Navy/White
- Orange/White
- Purple/White
- Royal Blue/White
- Red/White
- Vandy Gold/White
- White/Black
- Red/Black
- Orange/Black

Please note that there are **NO preorderd jersey numbers. Numbers will be randomly assigned by the printer.**
PLAYER NAME ORDER FORM

Cost 5.00 per jersey

<table>
<thead>
<tr>
<th>Name on Back of Jersey</th>
<th>SIZE</th>
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TEAM Name: ________________ Age Div: ____
Contact Person: ______________________
ADDRESS _______________________________________
CITY __________ STATE ____ ZIP ___________
Cell: _________________________________
Email: _______________________________

***Order form must be completed and turned in by August 18th***
### PLAYER SHORTS ORDER FORM

Cost 15.00 per pair

**No-pocket shorts**
Sizes YS, YM, YL, AS, AM, AL, AXL, AXXL

<table>
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<tr>
<th>Player Name</th>
<th>SIZE</th>
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- Black
- Match Jersey Color (When Available)

**TEAM Name:** ____________________________  **Age** 
**Div:** _____

**Contact Person:** ____________________________

**ADDRESS** ________________________________________

**CITY** ____________ **STATE** _____ **ZIP** ____________

**Cell:** ____________________________

**Email:** ____________________________

***Order form must be completed and turned in by August 18th***
COACH/PARENT JERSEY ORDER

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

Coach and Parent Jerseys that will match the team are $25 each without a name or $30 if you’d like your name on the back.

Orders must be placed and paid for by August 18th.
Make checks payable to WNSL, P.O. Box 50710, Nashville, TN 37205

Team Name ____________________ Coach Name ____________________

Division ______________________

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

If you want names on the back, indicate that below:

Jersey 1:  Size _____ Name _________________________________
Jersey 2:  Size _____ Name _________________________________
Jersey 3:  Size _____ Name _________________________________
Jersey 4:  Size _____ Name _________________________________

Make checks payable to WNSL, P.O. Box 50710, Nashville, TN 37205.
PRACTICE TIMES

There are six fields at Warner Park available for practice. Your team will be allocated ½ of a normal playing field once per week. Once everyone has a designated practice time, you may request additional practice times if you wish.

Please make sure you have taken care of your sponsor (identified, paid and logo sent)! Coaches that turn in their sponsorship info will have first choice at practice time slots at the Coaches Meeting (August 14th, 6:30PM at Harpeth Hills Church of Christ).

Please email your sponsor information to lauren@wnsl.net

Please note that there will be NO Wednesday practices at Warner Park due to other scheduled activities.
Game Schedule Request

Coach Last Name: ______________________ Division: ______ Are you the head coach of two teams? ______

If you have players playing **WNSL Fall Baseball**, please list the coaches and division of those teams:

___________________________________________________________________________

This calendar is where you make any scheduling requests. We schedule around WNSL Fall Baseball conflicts and can usually avoid work conflicts as well. 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.

***Guarantee Jamboree, 6 League games plus tournament games***

<table>
<thead>
<tr>
<th>WNSL Flag Football Schedule</th>
<th>Form Instructions:</th>
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<tbody>
<tr>
<td><strong>September 9</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>September 16</strong></td>
<td>To indicate a week that your team cannot play, place an 'X' in the appropriate box.</td>
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<tr>
<td><strong>September 23</strong></td>
<td>Also note the following dates of importance:</td>
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<td><strong>September 30</strong></td>
<td>■ Fall break for Metro Nashville Schools: October 9-13</td>
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<tr>
<td><strong>October 7</strong></td>
<td>■ Fall break for Private Schools varies but most are: October 12-13</td>
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<tr>
<td><strong>October 14</strong></td>
<td>■ Fall break for Williamson County Schools: October 11-13</td>
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<tr>
<td><strong>NO GAMES</strong></td>
<td>If you have other scheduling requests (back-to-back games, etc.), please indicate them here:</td>
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<tr>
<td><strong>October 21</strong></td>
<td>____________________________</td>
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<tr>
<td><strong>Oct 28-29</strong></td>
<td>____________________________</td>
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<tr>
<td>Music City Flag Bowl Tournament</td>
<td>____________________________</td>
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</table>
JAMBOREE INTENTION

August 26th

The Jamboree will be a day to train referees and give your team a warm-up before the season begins!

Depending on how many teams participate, each team will scrimmage a few other teams in your division. This will allow you and the WNSL staff to make sure we have you in the right division, plus add a one more day of football to the season!

Please select your intention to play in the 2017 Flag Football Jamboree:

__________ Yes, My team will participate.

__________ No, My team will NOT participate.
WNSL Flag Football Clinic
Volunteer Sign Up

In order to make the WNSL’s Flag Football clinics run smoothly, we need coaches to volunteer at the event by running a station.

If you are able to help out on August 12 and/or 19th, please indicate such. Your time commitment will be from about 9:30 a.m.-12:00 a.m. on each day.

We appreciate you, coaches!

Yes, I am willing to volunteer at the Flag Football clinic on:

Aug. 12 _________________ Aug. 19 _________________
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 return to play or practice on the same day.
Initial

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 away. Other signs/symptoms can show up hours or days after the injury.
Initial

_____ If I suspect a student-athlete has a concussion, I am responsible for removing him/her from activity and referring him/her to a medical professional trained in concussion management.
Initial

_____ Student-athletes need written clearance from a health care provider* to return to play or practice after a concussion. * (Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training)
Initial

_____ I will not allow any student-athlete to return to play or practice if I suspect that he/she has received a blow to the head or body that resulted in signs or symptoms consistent with concussion.
Initial

_____ Following concussion the brain needs time to heal. I understand that student-athletes are much more likely to sustain another concussion or more serious brain injury if they return to play or practice before symptoms resolve.
Initial

_____ 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 Coaches.
Initial

__________________________  __________________________
Signature of Coach  Date

__________________________
Printed name of Coach