NORTH RIDGEVILLE TRAVEL SOCCER

COACHING APPLICATION

Fall 2014 – Spring 2015 Seasons

Age Group: (circle one) U8 U9 U10 U11 U12 U13 U14 **Boys or Girls?** _____

Last Name_____**First Name**_____

Address_____**City**_____**Zip**_____

Home Phone Number (_____)_____-_____ **Cell Phone Number** (_____) _____-_____

E-Mail Address_____

Did you coach this age group last year? Y N **If so, Age / team**_____

Playing Experience (circle highest): Travel / Club / High School / College / Pro

Coaching Experience (circle highest): Travel / Club / High School / College / Pro

Shirt Size (circle one): S M L XL 2XL **Short Size (circle one):** S M L XL 2XL

Requested Assistant Coach (they must also complete an application): _____

Required before season starts: (Travel Director will provide information about these items before seasons starts.)

- Copy of any OYSAN Coaching License obtained. (Minimum requirement for travel soccer is the U10-U12 module certification.)
- Copy of OYSAN Risk Management
- Copy of the State of Ohio required Concussion Training Course
- Wallet Sized Photograph or a digital photo for the OYSAN coaches pass.

I PERMIT AND ACKNOWLEDGE THAT AT THE DISCRECTION OF THE NRASL BOARD I MUST COMPLETE AND PASS A KIDS SAFE INVESTIGATION PROGRAM IN ORDER TO BE ELIGIBLE TO COACH FOR THE NRASL. ALSO THAT THIS IS A REQUEST FORM AND NOT A GUARANTEE TO COACH IN THE NRASL.

_____ _____

Coach Signature ***DATE***

American Amateur Soccer League

COACH REGISTRATION

SINGLE YEAR 2014-2015

RISK MANAGEMENT CONFIRMATION NUMBER

League Name	Club Name	Age Group	Player ID#
AASL		**U-**	
Last Name	**First Name**	**Middle Initial**	**New or Prior Coach**
			N P
Address	**City**	**State**	**Zip**
		OH	
Area Code/Phone No.	**Alternate or Work phone**	**Email Address**	
( ) -	**( ) -**		

Coaching License Level: A B C D E F U6/8 U9/10 U11/12 U13/14 None License Number:

Emergency Contact	**Area Code/Phone No.** ( ) -
Non Related Reference (Name/Address)	**Area Code/Phone No.** ( ) -
Non Related Reference (Name/Address)	**Area Code/Phone No.** ( ) -

The cost for coach's registration is the same amount as the players on any given team. This form must accompany the team's registration with the league. All coaches who are currently participating in OYSAN activities of any kind must be properly registered every seasonal year with their team. Every team must register all coaches on each team. This is a form used to appoint coaches and others who have direct contact with players. All clubs, coaches, community clubs, or other who submit this form must either know the person, or conduct a reference check.

AASL Policy on Disrespect, Assault and Verbal Abuse of Referees/Players/Coaches/Spectators

I have read and understand the AASL Policy on Disrespect, Assault and Verbal Abuse of Referees/Players/ Coaches/Spectators. I have provided the parents/guardians of my players/team a copy of the AASL Policy on Disrespect, Assault and Verbal Abuse of Referees/Players/Coaches/Spectators.

Signature: Date:

As an OYSAN registered coach, I hereby agree to follow and uphold all of the rules and regulations of the above named league, the Ohio Youth Soccer Association North and US Youth Soccer. I also understand that if I do not follow these rules and regulations, I will be subject to sanctions by my league or state association for my actions. In addition, I have signed and submitted the Risk Management (formerly KidSafe Disclosure Statement) to the State Office. (This form must be completed online at www.oysan.org). I discharge and/or otherwise indemnify the organization/league/club for which I am registering to coach, Ohio Youth Soccer Association North, its affiliated sponsors, employees and associated personnel, including the owners of fields and facilities utilized against any claim by or on behalf of myself as a result of my participation.

Signature: Date:

rev:5/10

****Ohio's return-to-play law goes into effect on April 26th, 2013****

Ohio's Return-to-Play Law: What Coaches & Referees Need to Know – *Youth Sports Organizations (Non-school sports)*

Training In Recognizing the Signs and Symptoms of a Concussion

Starting April 26th, 2013, individuals are not allowed to serve as a coach or referee for a youth sports organization, whether volunteer or paid, without:

1) successfully completing, every three years, an online training program in recognizing the signs and symptoms of concussions and head injuries provided by the Ohio Department of Health

-OR-

2) holding a Pupil Activity Permit (PAP) from the Ohio Department of Education.

For those who current hold a Pupil Activity Permit: Starting April 26th, 2013, in order to renew their permit (every three years), coaches with a current PAP will be required to present evidence that they have successfully completed:

1) a training program in recognizing the symptoms of concussions and head injuries that is linked on the Department of Health's web site (www.healthyohioprogram.org/concussion)

-OR-

2) a training program authorized and required by an organization that regulates interscholastic conferences or events.

Online Training

The Ohio Department of Health has approved the following free online trainings for coaches and referees:

National Federation of State High School Associations Concussion in Sports - What you Need to Know:

http://www.nfhslearn.com/electiveDetail.aspx?courseID=38000 (This free on-line course is available through the NFHS. You will need to click the "order here" button and complete a brief registration form to take the course. However, you do not need to be a member of NFHS to access this course.) Follow these steps to complete the course:

1) Click on the button that says, please login to order. In the window that appears, click Register Now.

2) When your registration is complete you may "order" the free concussion course offered along the left hand side of the page. Continue following prompts. Although it may look like you'll be charged for the course, there is no cost.

3) Once you've completed "checkout," you'll be able to take the free online course.

Ohio's return-to-play law goes into effect on April 26th, 2013

4) When you've completed and passed the course, you have the option of printing a certificate of completion.

Center for Disease Control and Prevention Heads Up Concussion in Youth Sports On-Line Training Program:

http://www.cdc.gov/concussion/HeadsUp/online_training.html

PLEASE NOTE: Both courses offer a "certificate of completion" upon successful passage.

Removal From and Return to Play

1) Starting April 26th, 2013, coaches, referees, or officials must remove an athlete exhibiting the signs and symptoms of a concussion during practice or a game. These include:

- Appears dazed or stunned.
- Is confused about assignment or position.
- Forgets plays.
- Is unsure of game, score or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows behavior or personality changes (irritability, sadness, nervousness, feeling more emotional).
- Can't recall events before or after hit or fall.
- Any headache or "pressure" in head. (How badly it hurts does not matter.)
- Nausea or vomiting.
- Balance problems or dizziness.
- Double or blurry vision.
- Sensitivity to light and/or noise
- Feeling sluggish, hazy, foggy or groggy.
- Concentration or memory problems.
- Confusion
- Does not "feel right."
- Trouble falling asleep.
- Sleeping more or less than usual.

2) The athlete *cannot* return to play on the same day that he or she is removed.

3) The athlete *is not permitted* to return to play until they have been assessed and receive written clearance by a physician (MD or DO) or by any other licensed health care provider approved by the youth sports organization. It is important to review your organization's policy regarding which health care providers are authorized to clear an athlete to return-to-play.

For More Information

Ohio Department of Health - Ohio's Return to Play Law: www.healthyohioprogram.org/concussion

Centers for Disease Control and Prevention - Head's Up in Youth Sports: www.cdc.gov/concussion/HeadsUp/youth.html

Ohio Department of Education – Pupil Activity Permit: http://www.ode.state.oh.us/GD/Templates/Pages/ODE/ODEDetail.aspx?page=3&TopicRelationID=1328&ContentID=84483&Content=126368