

VOLUNTEER COACHING APPLICATION
City of Chelan Parks & Recreation
YOUTH SPORTS PROGRAMS

Contact Information

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City: _____ Email: _____

Coaches Shirt Size: _____

Coaching Information

Sport: Soccer Basketball Baseball Softball Tee Ball Volleyball Tennis Golf
(Please Circle Sport)

Coaching Preference: Head Coach____ Assistant Coach____ Referee____ Umpire ____
(Please check one)

Coaching Age _____/Grade: _____ Coaches Son or Daughter: _____

Coaches Agreement

Focus: I understand that the City of Chelan Parks and Recreation Program is designed for the development of our youth.

Responsibilities of Position: I recognize that an important part of my coaching responsibility is to teach and demonstrate to all participants (players and parents) good sportsmanship, discipline, self-confidence, teamwork, and cooperation. It is my responsibility to communicate all practice and game times with all players and parents.

Coaches Meeting & Program Handbook: I understand that I will be required to attend a coaches meeting prior to the start of the season, where the City of Chelan Parks and Recreation Program Handbook of rules, policies, and procedures will be explained. I agree to adhere strictly to the regulations and decisions reached by the Certified Youth Sports Administrator, Youth Sports Coordinator and/or "Youth Sports Board".

Commitment: I wish to contribute to the youth of our community, and therefore submit this application to coach in the City of Chelan Parks and Recreation Youth Sports Program.

Qualifications: Must be at least 18 years of age and successfully complete a Washington State Patrol Background Check.

Background Check: It is critical that the City of Chelan Parks and Recreation Program maintain the safety of all the children in our program. To that end, a background check will be completed on all coaches prior to their approval. It is our policy to preserve the privacy of all our coaches. No information will be shared with any other organization. By my signature, I authorize the City of Chelan to conduct a background check of my driving record and my criminal history (WSP).

Signature

Today's Date



COACHES' CODE OF ETHICS

I hereby pledge to live up to my certification as a NYSCA Coach by following the NYSCA Coaches' Code of Ethics:

- **I** will place the emotional and physical well being of my players ahead of a personal desire to win.
- **I** will treat each player as an individual, remembering the large range of emotional and physical development for the same age group.
- **I** will do my best to provide a safe playing situation for my players.
- **I** promise to review and practice basic first aid principles needed to treat injuries of my players.
- **I** will do my best to organize practices that are fun and challenging for all my players.
- **I** will lead by example in demonstrating fair play and sportsmanship to all my players.
- **I** will provide a sports environment for my team that is free of drugs, tobacco, and alcohol, and I will refrain from their use at all youth sports events.
- **I** will be knowledgeable in the rules of each sport that I coach, and I will teach these rules to my players.
- **I** will use those coaching techniques appropriate for all of the skills that I teach.
- **I** will remember that I am a youth sports coach, and that the game is for children and not adults.

Coach Signature

Date

CONCUSSION IN YOUTH SPORTS

A Fact Sheet for AAU Member Coaches

(Requirement to Read and Signed by Coaches) Return this form to AAU Club contact.

WHAT IS A CONCUSSION?

A concussion is a brain injury that is caused by a bump or blow to the head. It can change the way your brain normally works. It can occur during practices or games in any sport. Even a “ding”, “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out. You can't see a concussion. Signs and symptoms of a concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

Coaches

What are the signs and symptoms of a concussion observed by Coaches:

If your athlete has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events prior to being hit or falling
- Can't recall events after being hit or falling

How can a coach help their athlete prevent a concussion?

Every sport is different, but there are steps your athletes can take to protect themselves from concussion.

- Ensure that they follow your rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

What should a Coach do if they think their athlete has a concussion?

1. Talk with the parents and have them seek medical attention right away. A health care professional will be able to decide how serious the concussion is and when it is safe for their child to return to sports. Listen to the parents and their concerns about concussion or head injuries.
2. Keep your athlete out of play. Concussions take time to heal. Don't let your athlete return to play until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
3. Keep informed about any recent concussion in ANY sport or activity. You may not know about a concussion your athlete received in another sport or activity unless you are told by the parents.

I have viewed the video provided on the www.wiaa.com web site about head injuries and concussions?

YES NO

Coaches Signature: _____

Date: _____

IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.

For more detailed information on concussion and traumatic brain injury, visit:

<http://www.cdc.gov/injury> or www.cdc.gov/ConcussionInYouthSports

AAU NON ATHLETE INDIVIDUAL MEMBERSHIP APPLICATION



AAU Membership Year is September 1 to August 31. A membership card will be forwarded to you.

First Name		Middle Name		Last Name	
Street Address			City		State Zip
City of Birth		County of Birth		State of Birth	
Application Date		Work Phone / Ext		Home Phone	
E-Mail Address				Fax Number	
Birth Date / /		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Cell Number	
Do you have Health & Accident Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Club Code (if known)	Club Name (if known)		Sport Code (see list below)	
Check Primary Program		<input type="checkbox"/> Youth Program If you work with ages 1 to 20		<input type="checkbox"/> Adult Program If you work with ages 21 to 99	
PROVIDE EITHER ADDRESS HISTORY FOR PAST 7 YEARS <u>OR</u> YOUR SOCIAL SECURITY NUMBER. SS # _____					
STREET ADDRESS		CITY		STATE ZIP	
<p style="color: red; font-size: small;">By paying or authorizing payment of my annual membership dues, I certify that: 1) I have never been convicted of any sex offense nor felony; or, if so, I must apply for membership (and receive approval) through the AAU National Office; and, 2) this application is correct in every material aspect, including but not limited to my (street) address and birth date. The Applicant agrees to be bound by the AAU Code, including all AAU Policies, which are available for review on the AAU Web site at www.aausports.org. NOTE: Parent/Guardian signature if member is under 18 years old.</p>					
Member's Signature			Parent/Guardian Signature		
Date			Date		

YOUTH PROGRAM (If you work with ages 1 to 20)

Regular Membership \$14.00 or Added Benefit Membership* \$16.00

NON-ATHLETE – ALL SPORTS- Example: Administrator, Bench Personnel, Coach, Instructor, Manager, Official, Team Leader, Tournament Director, Volunteer, Other.

*Added Benefit Membership includes additional insurance coverage in certain programs, as defined by AAU.

ADULT PROGRAM (If you work with ages 21 to 99)

Regular Membership \$14.00 or Added Benefit Membership* \$16.00

NON-ATHLETE – ALL SPORTS – Example: Administrator, Bench Personnel, Coach, Instructor, Manager, Official, Team Leader, Tournament Director, Volunteer, Other.

PLEASE SELECT YOUR PRIMARY SPORT				YOUTH AND ADULT SPORT CODES			
CODE	SPORT	CODE	SPORT	CODE	SPORT	CODE	SPORT
AE	Aerobics	DA	Dance	JU	Judo	SB	Softball
AT	Athletics	DI	Diving (Youth Only)	JT	Jujitsu	SU	Surfing
BL	Baseball	FB	Baseball/Women	JR	Jump Rope	SW	Swimming
BA	Basketball/Boys	GB	Baseball/Girls	KA	Karate	TB	Table Tennis
BW	Basketball/Girls	FH	Field Hockey	LC	Lacrosse	TW	Taekwondo
MB	Basketball/Men	FI	Fishing	PC	Physically Challenged	TT	Trampoline & Tumbling
WB	Basketball/Women	FF	Flag Football	PF	Physical Fitness	TE	Tennis
BT	Baton Twirling	GO	Golf	PL	Powerlifting	VB	Volleyball
CH	Cheerleading	GY	Gymnastics	RU	Rugby	WL	Weightlifting
CM	Chinese Martial Arts	HO	Inline Hockey	SC	Soccer	WR	Wrestling

Make check payable to AAU. Mail application and fees to: AAU Headquarters, P.O. Box 22409, Lake Buena Vista, FL 32830.



**CITY OF CHELAN
REQUEST FOR INFORMATION
VOLUNTEERS & COACHES**

Please print legibly

First Name: _____

Middle Name: _____

Last Name: _____

Other Names Used: _____

Social Security Number: _____

Date of Birth: _____

Gender: Female Male
(please circle one)

Drivers License Number: _____

(please attach copy of current driver's license)

Current Street Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

Email Address: _____

Under penalty of perjury, I certify that the above information is true, correct and complete. I understand that if I am hired, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if I am hired, my employment is conditioned on your receipt of a satisfactory report from Protect Youth Sports.

Signature: _____

Print Name: _____

Date: _____

DISCLOSURE STATEMENT

Pursuant to the requirements of RCW 43.43.830-840, we must ask you to complete the following disclosure statement. This information will be kept confidential.

Have you ever been convicted of any of the following crimes against children or other persons:

Yes	No		Yes	No	
_____	_____	Communication with a minor	_____	_____	Malicious harassment
_____	_____	First or second degree kidnapping	_____	_____	Custodial assault
_____	_____	First degree arson	_____	_____	First, second or third degree assault
_____	_____	First, second or third degree assault	_____	_____	Child buying or selling
_____	_____	First degree burglary	_____	_____	First or second degree sexual misconduct with a minor
_____	_____	First, second or third degree rape	_____	_____	First degree promoting prostitution
_____	_____	Indecent liberties	_____	_____	First or second degree murder
_____	_____	First, second or third degree rape of a child	_____	_____	Patronizing a juvenile prostitute
_____	_____	Incest	_____	_____	Child abandonment
_____	_____	First or second degree robbery	_____	_____	First, second or third degree assault of a child
_____	_____	Vehicular homicide	_____	_____	Felony indecent exposure
_____	_____	First or second degree manslaughter	_____	_____	Promoting pornography
_____	_____	Unlawful imprisonment	_____	_____	Violation of child abuse restraining order
_____	_____	First or second degree extortion	_____	_____	Prostitution
_____	_____	Simple assault	_____	_____	First or second degree criminal mistreatment
_____	_____	Sexual exploitation of minors	_____	_____	Child abuse or neglect as defined in RCW 26.44.020
_____	_____	First or second degree custodial interference	_____	_____	Or any of these crimes as they may have been renamed
_____	_____	Selling or distributing erotic material to a minor	_____	_____	

If your answer is “yes” to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed. _____

Have you ever been convicted of any of the following crimes relating to financial exploitation of a person 60 years of age or older, who has a functional, mental, or physical inability to care for himself or herself or who is a patient in a state hospital:

Yes	No		Yes	No	
_____	_____	_____ degree extortion	_____	_____	First, second or third degree Forgery
_____	_____	_____ First or second degree robbery			
_____	_____	_____ First, second or third degree theft	_____	_____	Or any of these crimes as they may be renamed

If your answer is “yes” to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed. . _____

1. Have you ever been found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor?
 Yes _____ No _____

2. Have you ever been found by a court in a domestic relations proceeding to have sexually abused or exploited any minor or to have physically abused any minor?
 Yes _____ No _____

3. Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person?
 Yes _____ No _____

4. Have you ever been found in any disciplinary board final decision to have abused or financially exploited any person 60 years of age or older who has a functional, mental, or physical inability to care for himself or herself or who is a patient in a state hospital?

Yes _____ No

5. Have you ever been found by a court in a protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a person 60 years of age or older who has a functional, mental, or physical inability to care for himself or herself or who is a patient in a state hospital?

Yes _____ No

If your answer is “yes” to any of questions 1 through 5 above, please describe and provide the date(s) of the finding(s) and the penalty(ies) imposed.

Under penalty of perjury, I certify that the above information is true, correct, and complete. I understand that if I am hired, I can be discharged for any misrepresentation or omission in the above statement. I also understand that my employment is conditioned on your receipt of a satisfactory report from Protect Youth Sports/and or the Washington State Patrol Criminal Identification System report. If I am hired before that report is available, my employment will be conditioned upon the receipt of a satisfactory report.

Signature: _____

Name (print): _____

Date: _____

We may request your fingerprints to obtain from the Washington State Patrol criminal identification system a report of your record of criminal convictions for offenses against persons, civil adjudications of child abuse, and disciplinary board final decisions. If you are hired before that report is available, YOUR EMPLOYMENT WILL BE CONDITIONED UPON THE RECEIPT OF A SATISFACTORY REPORT.