



20 **BOYS & GIRLS CLUB** 25
OF GREENEVILLE & GREENE COUNTY



B&G Club Football & Cheer Coach Application

Date applied _____, 2025

Full Name _____ Cheer or Football _____

Team Coaching & Age Division _____

Street Address _____

City, State, Zip _____

Telephone _____ Cell phone _____

Are at least 18 years of age? Yes _____ No _____, I turn 18 on _____

Have you ever been convicted of a criminal offense? (if yes, please explain if none mark NA)

Email Address _____

Team Coaching _____ Age (Circle) age 5-6 age 7-8 age 9-10

Current Employment

Company Name _____ Title _____

Company Address _____

Phone Number _____ Supervisor's Name and Title _____

Work Telephone: _____ Brief description of duties & responsibilities

The Boys & Girls Club pays for all team expenses with a company check or credit card, as a volunteer/coach you are not authorized to pay for any expenses in cash. All payments must come from the Boys & Girls Club Administrative Staff and all expenses must be pre-approved by the Boys & Girls Club prior to purchase. Any and All fundraisers of any kind must be approved in advance by the B&G Club Director. I have read and understand the above statement and understand that mismanagement of funds will not be tolerated.

Signature _____, 2025
Date



BOYS & GIRLS CLUB
OF GREENEVILLE & GREENE COUNTY

Please list and past or present Coaching Experience in any sport with any organization.

If you have coached Football or Cheer at the B&G Club we will have that on file

____ Coached with the B&G Club with _____ in 2024*
Team Name

***if you have coached at the B&G Club no other information required in this section**

2025 Volunteer/ Coach Background Check Release

I authorize the Boys & Girls Club to investigate all statements in this application and to secure any necessary information from all my employers, references and academic institutions. I hereby release all of those employers, references, academic institutions and the Boys & Girls Club from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications and my suitability for employment history, my academic credentials or qualifications and my suitability for volunteer work with the Boys & Girls Club. I understand that any offer of service is contingent upon receipt of a satisfactory report concerning my credentials and references.

I further understand that any false or misleading statements will be sufficient cause for rejection of my application or immediate dismissal if B&GC has engaged me as a volunteer. I also authorize B&GC to supply information about my volunteer employment records, in whole or in part, in confidence to any prospective employer, government agency, or other party having legal and proper interest, and I hereby release B&GC from any and all liability for providing this information. The Boys & Girls Club also reserves the right to reject any individual that presents a negative image for the organization.

I understand that I am not to charge or buy any items for the Boys & Girls Club without written approval from the Executive Director. If I do so, it will be my responsibility to pay for such items.

I understand that nothing in this volunteer coach application, in B&GC's policy statements or personnel guidelines, or in my communications with any B&GC official is intended to create any employment contract between B&GC and me. I also understand that B&GC has the right to modify its policies without giving me any notice of the changes. No promises regarding employment have been made to me. I understand I am not eligible to enter into sales, purchases or contracts without the written consent of the Boys & Girls Club. I also understand that B&GC retains the right to terminate my involvement with the Boys & Girls Club at any time for any reason. I hereby acknowledge that I have read and understand the preceding statements.

_____, 2025
Signature Date

I understand that I am not allowed to purchase items for the Boys & Girls Club football or cheer teams without written permission prior to purchase from the Club. I also understand that all funds must be deposited into the Club and then the Club will issue a check/Visa payment for the items. I am not to pay cash from Club funds for any transactions.

_____, 2025
Signature Date



BOYS & GIRLS CLUB
OF GREENEVILLE & GREENE COUNTY

Boys & Girls Club of Greeneville & Greene County

Volunteer/Coach- 2025

AUTHORIZATION FOR RELEASE OF INFORMATION

My signature below evidences my understanding that I am being considered for the position of volunteer football or cheer coach at the Boys & Girls Club and that I hereby authorize the Boys & Girls Club of Greeneville & Greene County to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency. I further understand that information obtained during the investigation(s) may be used as a basis for the denial of appointment or reappointment, as well as termination when appointed to the above position pending completion of my records checks investigation. I understand that refusal to sign this release will result in termination of the appointment process. All information I hereby authorized to be obtained will be held strictly confidential.

Print Full Name

Print Full Address

Sex

Race

DOB

SSN

Notary

Date

, 2025

Concussion & Cardiac Arrest Training Required by all coaches

Here is the link for the concussion training course:

<https://nfhslearn.com/courses/61037>

They can make a PDF of the form and email it to me at

gbgc@comcast.net

BOYS & GIRLS CLUB / LOCAL LAW ENFORCEMENT USE ONLY

2025 Volunteer/Coach Applicant Information Release

I hereby authorize **Boys & Girls Club of Greeneville & Greene County** and/or any of their authorized agents to gather information regarding the following:

1. All records including criminal, credit, driving (where required by position) and/or education:
2. Information from previous employers, whether contained in written records or not:
3. Any other pertinent information related to successful function of my coaching position with the Boys & Girls Club.

I hereby release **Boys & Girls Club** and its employees, former employees; other referenced any of its authorized agents from any liability and understand there is no invasion of personal privacy.

I understand a background profile verification will be conducted in order to ensure the business standards and practice of **Boys & Girls Club** and that its contents will be kept confidential. If I am associated with **Boys & Girls Club as a volunteer/coach**, I authorize the re-investigation of any of the above information, at any time, during my term of employment.

I understand that any offer of work/ to volunteer is contingent on a satisfactory background investigation. I also understand that this form will be kept in my permanent file.

I certify that the following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge.

Please fill out for verification purpose only:

(Applicant Name- Please Print Clearly)			
Last:		First:	Middle
Date of Birth:	SSN:	Sex: M or F	Race
Driver's License Number		State of Issue	
Full Name As It Appears On Driver's License			
Former Names and Time Frames			
Current Address		City & State	Zip
Previous Addresses			
Application Signature		Date	
Criminal			

Updated 5-2025

2025 Watauga League Football Season

Watauga Jr. Athletic League

Coaches / Volunteer Application

And Disclosure Statement

Date: _____ Team: _____ Division: _____

You will be required to take the concussion training and provide a certificate with this application in order to coach. This is in compliance with federal and state laws requiring concussion training.

Please go to <http://www.cdc.gov/concussion/HeadsUp/youth.html>, click on "Heads Up, Concussion in youth Sports, Take the Free Online Concussion Training". Once completed, you will receive a certificate, please print and return with coaches application.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Other: _____

SS# _____ Drivers License # _____ Exp. Date: _____

Previous Address
(if present is less than 5 years) : _____

Background in Youth Sports: _____

Have you ever been convicted of a crime? _____ If yes please explain:

I hereby verify that the information provided is true and correct. I also agree to uphold and abide by the Watauga Jr. Athletic League Safe Kids Program and all other rules, regulations and decisions of the Watauga Jr. Athletic League rule book.

Coaches Signature: _____ Date: _____

Keep Their Heart in the Game

A Sudden Cardiac Arrest Information Sheet for Athletes and Parents/Guardians

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the victim to collapse. The malfunction is caused by a congenital or genetic defect in the heart's structure.

How common is sudden cardiac arrest in the United States?

As the leading cause of death in the U.S., there are more than 300,000 cardiac arrests outside hospitals each year, with nine out of 10 resulting in death. Thousands of sudden cardiac arrests occur among youth, as it is the #2 cause of death under 25 and the #1 killer of student athletes during exercise.

Who is at risk for sudden cardiac arrest?

SCA is more likely to occur during exercise or physical activity, so student-athletes are at greater risk. While a heart condition may have no warning signs, studies show that many young people do have symptoms but neglect to tell an adult. This may be because they are embarrassed, they do not want to jeopardize their playing time, they mistakenly think they're out of shape and need to train harder, or they simply ignore the symptoms, assuming they will "just go away." Additionally, some health history factors increase the risk of SCA.

**FAINTING
is the
#1 SYMPTOM
OF A HEART CONDITION**

What should you do if your student-athlete is experiencing any of these symptoms?

We need to let student-athletes know that if they experience any SCA-related symptoms it is crucial to alert an adult and get follow-up care as soon as possible with a primary care physician. If the athlete has any of the SCA risk factors, these should also be discussed with a doctor to determine if further testing is needed. Wait for your doctor's feedback before returning to play, and alert your coach, trainer and school nurse about any diagnosed conditions.

What is an AED?

An automated external defibrillator (AED) is the only way to save a sudden cardiac arrest victim. An AED is a portable, user-friendly device that automatically diagnoses potentially life-threatening heart rhythms and delivers an electric shock to restore normal rhythm. Anyone can operate an AED, regardless of training. Simple audio direction instructs the rescuer when to press a button to deliver the shock, while other AEDs provide an automatic shock if a fatal heart rhythm is detected. A rescuer cannot accidentally hurt a victim with an AED—quick action can only help. AEDs are designed to only shock victims whose hearts need to be restored to a healthy rhythm. Check with your school for locations of on-campus AEDs.



The Cardiac Chain of Survival

On average it takes EMS teams up to 12 minutes to arrive to a cardiac emergency. Every minute delay in attending to a sudden cardiac arrest victim decreases the chance of survival by 10%. Everyone should be prepared to take action in the first minutes of collapse.

Early Recognition of Sudden Cardiac Arrest



Collapsed and unresponsive.
Gasping, gurgling, snorting, moaning
or labored breathing noises.
Seizure-like activity.

Early Access to 9-1-1



Confirm unresponsiveness.
Call 9-1-1 and follow emergency
dispatcher's instructions.
Call any on-site Emergency Responders.

Early CPR



Begin cardiopulmonary resuscitation
(CPR) immediately. Hands-only CPR involves fast
and continual two-inch chest compressions—
about 100 per minute.

Early Defibrillation



Immediately retrieve and use an automated
external defibrillator (AED) as soon as possible
to restore the heart to its normal rhythm. Mobile
AED units have step-by-step instructions for a by-
stander to use in an emergency situation.

Early Advanced Care



Emergency Medical Services (EMS)
Responders begin advanced life support
including additional resuscitative measures and
transfer to a hospital.

Keep Their Heart in the Game

Recognize the Warning Signs & Risk Factors of Sudden Cardiac Arrest (SCA)

Tell Your Coach and Consult Your Doctor if These Conditions are Present in Your Student-Athlete

Potential Indicators That SCA May Occur

- ☐ Fainting or seizure, especially during or right after exercise
- ☐ Fainting repeatedly or with excitement or startle
- ☐ Excessive shortness of breath during exercise
- ☐ Racing or fluttering heart palpitations or irregular heartbeat
- ☐ Repeated dizziness or lightheadedness
- ☐ Chest pain or discomfort with exercise
- ☐ Excessive, unexpected fatigue during or after exercise

Factors That Increase the Risk of SCA

- ☐ Family history of known heart abnormalities or sudden death before age 50
- ☐ Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- ☐ Family members with unexplained fainting, seizures, drowning or near drowning or car accidents
- ☐ Known structural heart abnormality, repaired or unrepaired
- ☐ Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks or performance-enhancing supplements

What is CIF doing to help protect student-athletes?

CIF amended its bylaws to include language that adds SCA training to coach certification and practice and game protocol that empowers coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition. A student-athlete who has been removed from play after displaying signs or symptoms associated with SCA may not return to play until he or she is evaluated and cleared by a licensed health care provider. Parents, guardians and caregivers are urged to dialogue with student-athletes about their heart health and everyone associated with high school sports should be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

I have reviewed and understand the symptoms and warning signs of SCA and the new CIF protocol to incorporate SCA prevention strategies into my student's sports program.

STUDENT-ATHLETE SIGNATURE

PRINT STUDENT-ATHLETE'S NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT PARENT/GUARDIAN'S NAME

DATE

For more information about Sudden Cardiac Arrest visit

California Interscholastic Federation
<http://www.cifstate.org>

Eric Paredes Save A Life Foundation
<http://www.epsavealife.org>

CardiacWise (20-minute training video)
<http://www.sportsafetyinternational.org>



2025 Watauga League Football Season
Watauga Jr. Athletic League
Parent / Coach Code of Conduct

Preamble

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship. The highest potential of sports is achieved when competition reflects these "six pillars of character."

I therefore agree:

1. I will not force my child/athlete to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults. 3. I will learn the rules of the game and the policies of the league.
4. I (and my guests) will be a positive role model for my child/athlete and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
5. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
6. I will not encourage any behaviors or practices that would endanger the health and wellbeing of the athletes.
7. I will teach my child/athlete to play by the rules and to resolve conflicts without resorting to hostility or violence.
8. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
9. I will teach my child/athlete that doing one's best is more important than winning, so that he/she will never feel defeated by the outcome of a game or his/her performance.
10. I will praise my child/athlete for competing fairly and trying hard, and make my child feel like a winner every time.
11. I will never ridicule my child/athlete or other participant for making a mistake or losing a competition.
12. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
13. I will respect the officials and their authority during games and will never question, discuss, or confront officials/coaches at the game field, and will take time to speak with coaches/league commissioner at an agreed upon time and place.
14. I will demand a sports environment for my child/athlete that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.

I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to the following:

- Verbal warning by official, head coach, and/or league commissioner/officer
- Parental game suspension with written documentation of incident kept on file by league
- Game forfeit through the league
- Parental season suspension

Parent/Guardian/Coach signature _____ Date _____, 2025

Concussion

INFORMATION SHEET



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - Work with their coach to teach ways to lower the chances of getting a concussion.
 - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - Ensure that they follow their coach's rules for safety and the rules of the sport.
 - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.

Plan ahead. What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

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

Symptoms Reported by Children and Teens

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not "feeling right," or "feeling down"

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious, or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*



CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' healthcare provider if their concussion symptoms do not go away, or if they get worse after they return to their regular activities.

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

Children and teens who continue to play while having concussion symptoms, or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a child or teen for a lifetime. It can even be fatal.

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's healthcare provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

To learn more, go to [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP)



CDC HEADSUP



Discuss the risks of concussion and other serious brain injuries with your child or teen, and have each person sign below.

Detach the section below, and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injuries.

☐ I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete's Name Printed: _____ Date: _____

Athlete's Signature: _____

☐ I have read this fact sheet for parents on concussion with my child or teen, and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian's Name Printed: _____ Date: _____

Parent or Legal Guardian's Signature: _____

2025 Watauga League Football Season

Student-athlete & Parent/Legal Guardian Concussion Statement

Must be **signed and returned** to school or community youth athletic activity prior to participation in practice or play

Student-Athlete Name: _____

Parent/Legal Guardian Name(s): _____

After reading the information sheet, I am aware of the following information:

Student-Athlete initials		Parent/Legal Guardian initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a <i>health care provider*</i> to return to play or practice after a concussion.	
	Most concussions take days or weeks to get better. A more serious concussion can last for months or longer.	
	After a bump, blow, or jolt to the head or body, an athlete should receive immediate medical attention if there are any danger signs such as loss of consciousness, repeated vomiting, or a headache that gets worse.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before the concussion symptoms go away.	
	Sometimes repeat concussion can cause serious and long-lasting problems, and even death.	
	I have read the concussion symptoms on the Concussion Information Sheet.	

* *Health care provider* means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training

Signature of Student-Athlete

Date

Signature of Parent/Legal guardian

Date