

**Johnston Recreation Department
Coaches Registration Form
Youth Soccer – 2023 Season**

Coach's Name: _____

Coach's Home Address: _____

Coach's Phone Number: _____

Coach's Email Address: _____

Coach's Shirt Size: _____ Have you coached before? _____

Do you have a child participating? _____

- *If yes, child's name and grade:* _____

- *If no, which age group would you like to coach?* _____

Are you CPR certified? _____

- *If yes, when does your certification expire?* _____

- *If no, what night of the week would be best to attend a 1.5hour free class?* _____

Questions/Comments/Requests: _____

**** Important Information Regarding Criminal Background Checks:**

- **Johnston Residents:**

- Applicants must complete the two Johnston Police Department forms (page 4 of this packet).
- A copy of a Driver's License is required along with the completed forms.
- The Johnston Recreation Department will submit paperwork to the Johnston Police Department.

- **Non-Johnston Residents:**

- The Johnston Police Department can only run background checks on Johnston Residents.
- If you are *not* a Johnston resident and wish to coach, you will need to obtain a Background Check from the Attorney General's Office in Cranston.
- The form necessary to have a BCI completed at the Attorney Generals can be seen on page 5 of this packet.

Johnston Recreation Department
Youth Sports Coaches' Pledge/Code of Ethics

In registering as a youth sports coach for the Johnston Parks and Recreation Department, I am committing to follow the rules and expectations outlined below in the Johnston Parks and Recreation Department's Youth Sports Coaches' Pledge/Code of Ethics.

1. I will place the emotional and physical well-being of all players ahead of a desire to win and will treat each player as an individual (remembering the large range of emotional and physical development within an age group).
 - a. I will not ridicule or yell at any child for making a mistake but will encourage them to learn from their mistakes and strive to continuously improve.
 - b. When I coach, I will remember that encouragement and praise for every child, not just the best athletes, is critically important to their self-esteem and their ability to achieve the most they can.
2. I will do my best to organize practices that are fun and challenging for all of my players, prepare for games, and provide good in-game instructions.
 - a. I will use coaching techniques that are appropriate for all of the skills that I teach.
 - b. I understand children participate in sports to have fun and learn the game. Winning is secondary.
3. I will be knowledgeable in the rules of each sport that I coach and I will teach these rules to my players.
4. I will lead by example in demonstrating fair play and sportsmanship to all of my players.
 - a. I will distribute playing time fairly among my players.
 - b. I recognize that players must get playing time to improve and gain the confidence that helps them develop. I acknowledge that this is more important than winning games.
5. I will treat all team members, coaches, officials, and spectators with respect. I will not scream at, bully, excessively criticize, or belittle any player, coach, official, or spectator.
 - a. I acknowledge that making mistakes and losing are a part of life. I pledge that I will be tolerant of the mistake of players, coaches, referees and others.
6. I will not engage in the use of profanity.
7. I will treat, and demand that my players and their parents/guardians treat, other coaches, players, officials, parents/guardians, and spectators with respect at all times.
 - a. I will not engage in verbal or physical threats, intimidation, or bad-mouthing about or aimed towards any coach, parent, player, participant, official, or any other attendee.
 - b. I will respect the officials and their authority during games. I will not verbally or through gestures, directly or indirectly question or criticize an official's call or decision even though I may disagree with it.
8. I will remember that I am a youth sports coach and that the game is for **children, not adults.**
 - a. I recognize that striving to win, rather than winning itself, is what is important in sports and in life. Striving to win means doing the best you can.
 - b. I acknowledge that winning with grace is as important as losing with grace and overly enthusiastic celebration is as unattractive and insensitive as being a sore loser.

9. I will be certified with basic first aid and CPR principles needed to treat injuries of all players (classes will be offered by the Recreation Department).
10. I will do my best to provide a safe playing situation for all players.
 - a. 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.
11. I will communicate any scheduling conflicts with the Recreation Department in order to have Recreation Staff fill in for any practices/games I am unable to attend.
12. I will adhere to the **Zero Tolerance Rules** and support it.

*I am hereby committing to be a responsible, dependable, and dedicated coach and acknowledge that failure to abide by the Johnston Recreation Department's Youth Sports Coaches' Pledge/Code of Ethics could result in disciplinary actions including permanent exclusion from participation in Johnston Youth Sports Programs.

Coach's Signature

Date

Coach's Name - Printed



JOHNSTON POLICE DEPARTMENT

Chief of Police, Mark A. Vieira

Volunteer Background Check Request and Authorization to Release Information

Volunteer Name: _____ Maiden Name: _____
(PRINT NAME) (IF DIFFERENT)

Volunteer Address: _____ **Johnston, RI 02919**

Volunteer Date of Birth: _____

Volunteer Phone Number: _____

I, _____ (print name) am requesting a State of Rhode Island criminal background check for the purpose of volunteering pursuant to R.I. Gen. Laws § 16-2-18.4. I understand that this State of Rhode Island criminal records check will include a record of any State or local arrest, conviction, warrant, or a record of sexual offender registration, accessible by the Johnston Police Department Bureau of Criminal Identification and Investigation, in reference to me.

I hereby direct and authorize the Johnston Police Department to conduct such a background check and to notify _____ (requesting agency/ school department) in writing of the existence or the absence of disqualifying information, as that term is defined in R.I. Gen. Laws § 16-2-18.4(e) based on the state criminal records check.

I understand that in the event of disqualifying information is found on my state record, the Johnston Police Department will inform me of that fact and will not disclose the nature of the disqualifying information or my criminal record to a third party without my written authorization.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description whatsoever, arising from any release of information pursuant to this request, against the State of Rhode Island, the Rhode Island Department of Attorney General, the Town of Johnston, and the Johnston Police Department and its employees in both law and equity which I may have now or in the future.

Signature of Applicant

Date

Copy of valid ID or license must accompany this Disclaimer!!



STATE OF RHODE ISLAND
OFFICE OF THE ATTORNEY GENERAL

4 Howard Avenue • Cranston, RI 02920
(401) 274-4400 • www.riag.ri.gov

Peter F. Neronha
Attorney General

Full Name of Applicant: _____

Maiden Name / other names used: _____

Date of Birth: _____

Address of Applicant: _____

Purpose: _____

(Example: employment, housing, expungement, internship, apostille, name change, weapons permit or purchase, etc..)

AUTHORIZATION TO RELEASE INFORMATION

I _____ (print full name) hereby direct and authorize the Bureau of Criminal Identification and Investigation of the Rhode Island Department of the Attorney General to make available to _____ (name of entity) any State of Rhode Island criminal record, including a record of any State or local arrest, conviction, warrant, or a record of sexual offender registration, accessible by the Bureau of Criminal Identification and Investigation in reference to me.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description whatsoever, arising from any release of criminal records and requests therefrom, against the State of Rhode Island, Bureau of Criminal Identification and Investigation, the Attorney General, and employees of the Department of Attorney General in both law and equity which I may have now or in the future.

Signature of Applicant

Sworn to before me in the City of _____ State of _____

this _____ day of _____, 20_____.

Notary Public

Commission Expires

Note: A copy of photo identification with date of birth must accompany this Release. If the Record request is to be MAILED, please provide an addressed, stamped envelope.