

**Johnston Parks & Recreation Department  
Coaches Registration Form  
Youth Soccer – 2022 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 full name, age, and grade:* \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Are you CPR certified? \_\_\_\_\_

- *If so, when does your certification expire?* \_\_\_\_\_

Questions/Comments/Requests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Johnston Parks & Recreation Department**  
**Youth Sports Coaches' Pledge**

**Code of Ethics – *I hereby pledge to live up to my abilities as a coach by following the Coaches' 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).
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.
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 use coaching techniques that are appropriate for all of the skills that I teach.
5. I will lead by example in demonstrating fair play and sportsmanship to all of my players.
6. I will distribute playing time fairly among my players and will treat all team members, coaches, officials, and spectators with respect.
7. I will respect each player and not scream at, excessively criticize, bully, or belittle any player.
8. I will not engage in the use of profanity.
9. 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.
10. 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.
11. I will remember that I am a youth sports coach and that the game is for **children, not adults.**
12. 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).
13. I will do my best to provide a safe playing situation for all players.
14. 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.

15. I will adhere to the **Zero Tolerance Rules** and support it.

➔ I hereby am committing to be a responsible, dependable, and dedicated coach and acknowledge that failure to abide by the 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, Joseph P. Razza*

### **Authorization of Release Background Check**

To Whom It May Concern:

I, [REDACTED] hereby direct and authorize the Johnston Police Department to review any criminal record that is on file with the Bureau of Criminal Identification of the Department of Attorney General for the State of RI in reference to me. Any disqualifying information found will result in a letter to the requesting agency/school and me, disqualifying me from volunteering.

Information produced by a criminal records review pertaining to conviction for the following crimes will result in a letter to the school disqualifying the applicant from volunteering: murder, voluntary manslaughter, involuntary manslaughter, first degree sexual assault, second degree sexual assault, third degree sexual assault, first degree child molestation, second degree child molestation, sexual assault, assault on persons sixty (60) years of age or older, assault with intent to commit specified felonies (murder, robbery, rape, burglary or the abominable and detestable crimes against nature), felony assault, patient abuse, neglect or mistreatment of patients, burglary, first degree arson, robbery, felony drug offenses, larceny or felony banking law violations.

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

[REDACTED]

**Signature of Applicant**

[REDACTED]

**Date**

**Note: Copy of photo identification with date of birth must accompany this Disclaimer!!**



## JOHNSTON POLICE DEPARTMENT

Chief of Police, Joseph P. Razza

### Criminal Background Check (BCI)

#### Applicant's Information

<b>Name: (Last)</b>		<b>(First)</b>		<b>(M)</b>	
<b>Address:</b>					
<b>Date of Birth:</b>		<b>Social Security #:</b>		<b>License State:</b>	<b>License #:</b>
<b>Maiden Name:</b>			<b>Alias:</b>		
<b>Phone:</b>			<b>E-Mail:</b>		

#### School/Requesting Agency Information

<b>Name:</b> Johnston Parks and Recreation Department
<b>Address:</b> 1583 Hartford Ave, Johnston, RI, 02919
<b>Contact Person:</b> Director Christopher M. Correia
<b>Phone #:</b> 401-272-3460