

**Johnston Parks & Recreation Department
Coaches Registration Form
Youth T-Ball – 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, hereby direct and authorize the Johnston Police Department to conduct a Rhode Island Criminal Background Check on me, regardless of whether such inquires seek public record, private, privileged, or confidential information. This Authorization of Release of information is solely for the purpose of conducting criminal history background inquires on the aforementioned party.

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.

Signature of Applicant

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

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

School/Requesting Agency Information

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