

**Johnston Parks & Recreation Department  
Coaches Registration Form  
Youth Track & Field – 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, and 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.

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Coach's Signature

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Date

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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 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.

[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 Correia
<b>Phone #:</b> 401-272-3460