



**To: Prospective Football Coaches**

**From: Matthew Cody, Director**

Thank you for your interest in wanting to volunteer coach for the 2024 Fall Season. There are several items we wanted to make sure you were aware of before committing to our program. We felt it was essential to outline these items beforehand as they are typically addressed at the coaches meeting. Taking these forms and submitting them is not a guarantee you will be selected as a head coach or assistant coach. Below is a checklist of items that need to be completed and submitted (forms are for you to keep, but must sign back page acknowledging you have read, understand, will uphold, and abide):

- Signed form stating that you understand games and practices WILL be conducted during Fall Break
- Signed commitment to attend Pre-Season mandatory coaches' clinic (Head Coach only) in Carrollton at **the Lakeshore Gym on August 11<sup>th</sup> at 3 PM**. (5/6 Flag – 11/12 Tackle).
- Signed form acknowledging "Coaches/Spectators Code of Ethics Policy"
- Signed form acknowledging by State Law you are a "Mandatory Reporter"
- Signed form acknowledging the "Heat Related Wellness Policy"
- COMPLETELY FILLED OUT Coaches Application, along with designated information and signature to conduct background check.

***\* Please turn in Coaches Application with Background Check and signature page acknowledging receipt of forms.***



## Football Coaches

# Fall Break Acknowlegment

By signing, I understand that there is a strong possibility that games/practices will be held during the school's scheduled Fall Break. I understand that key players may not be in attendance during this time, but no matter the indifference, will play game(s) and conduct scheduled practices as outlined. I understand that due to the breaks, weather, holidays and needing to have a conclusion date to the season, Fall Break game(s) and practices are needed to complete the season.

# Mandatory Coaches Meeting

I understand, to be eligible to coach, I MUST attend the league's mandatory coaches meeting, which will be conducted by league officials, so I understand the rules and the perspective of an official. I also understand that it will be held on **August 11<sup>th</sup> at 3 PM** at the Lakeshore Gym in Carrollton.

# Bremen Parks & Recreation Department

## Coaches/Spectators Code of Ethics



- I will place the emotional and physical well-being of players ahead of personal desires to win.
- I will treat each player as an individual, remembering the large range of emotional and physical development for the same age group.
- I will do my best to provide a safe playing situation for my players.
- I promise to review and practice basic first aid principles needed to treat injuries of my players.
- I will do my best to organize practices that are fun and challenging for all my players.
- I will lead by example in demonstrating fair play and sportsmanship to all players/officials through actions and language.
- I will not cheat or engage in any form of unethical behavior that violates league rules.
- I will provide a sports environment that is free of drugs, tobacco, and alcohol, and will refrain from their use at all youth sports events.
- I will be knowledgeable in the rules of each sport that I coach, and I will teach these rules to my players.
- I will use those coaching techniques appropriate for all of the skills that I teach.
- I will remember that I am a youth sports coach, and the game is for children and not adults.

# Bremen Parks & Recreation Department

## Child Abuse and Neglect Policy



As a place where the care of children occurs, we are mandated by law to report any suspicion of child abuse or neglect. The law has provisions in place for safeguarding the well-being of children. We must comply with the law as outlined below.

*Any child care and/or day care personnel, having reasonable cause to believe that a child under the age of 18, has had physical injuries inflicted upon him/her by other than accidental means by a parent or guardians, or has been neglected or exploited, by a parent or guardians, or has been sexually assaulted, or sexually exploited, must report or cause reports to be made. All oral reports must be submitted within 24 hours.*

All BPRD staff and volunteers are mandatory reporters and must comply with this law outlined further in House Bill 1176. This includes: Full-time Staff, Part-time employees, Head Coaches, Assistant Coaches, Contracted Employees and any other individual in the capacity of working with youth.

In the event that an oral report is given by a staff member or volunteer, the department will fill out an unaltered report and submitted accordingly to the proper authorities.

Reporting by Departmental Staff member: (make the report even if you do not have all the information). Include the following:

- Age, name, address and current location of the child
- Name and address of child's parents or caretakers, if known
- Name and address of suspected perpetrator
- Location where maltreatment took place, if known
- The nature and extent of the child's injuries
- Any other information that a reporter believes might be helpful in establishing the cause of the injuries and the identity of the perpetrator.

### Haralson County

<b>Child Protective Services:</b> Haralson County DFCS 21 Magnolia St. Buchanan, Georgia 30113 770-646-3885	<b>Law Enforcement:</b> Bremen City Police P.O. Box 868 121 Pacific Ave. Bremen, GA 30110 770-537-4441	<b>Medical Care:</b> Higgins General Hospital 200 Allen Memorial Dr. Bremen, GA 30110 770-838-8367
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# Bremen Parks & Recreation Department

## Heat Related Wellness Policy for Athletic Programs



The Bremen Parks and Recreation Department wants and will continue to advocate the safety of its participants by means of implementing necessary procedures to be used when applicable to heat related illness prevention.

The Bremen Parks and Recreation Department will utilize necessary instrumentation to read and record current heat & humidity for practices and programs that involve:

- Readings shall be taken 30 minutes prior to activity and every hour thereafter.
- Policy in place will then be utilized based on the measurement of said device.
- Coaches and parents and/or participants will then be notified accordingly with readings to properly implement policy within the program they are responsible for conducting or participating in. (A colored flag will be placed at the entrance of the park specifying the reading for the day).
- Readings and activity levels (specifically pertaining to football as laid out by GHSA) will be adapted to fit departmental need as outlined below.

<u>Readings</u>	<u>Activity Guidelines</u>
Under 82.0	Normal Activities- Provide at least three separate rest breaks each hour with a minimum duration of 3 minutes each during the workout. <b>(WHITE Flag)</b>
82.0-86.9	Use discretion for intense or prolonged exercise; watch at-risk players carefully. Provide at least three separate rest breaks each hour with a minimum duration of 4 minutes each. <b>(GREEN Flag)</b>
87.0-89.9	Maximum practice time is 2 hours. For Football: Players are restricted to helmet, shoulder pads and shorts during practice and all protective equipment must be removed during conditioning activities. If readings rise to this level during practice, players may continue to work out wearing football pants without changing to shorts. For ALL Sports: Provide at least four separate rest breaks each hour with a minimum duration of 4 minutes each. <b>(ORANGE Flag)</b>
90.0-92.0	Maximum practice time is 1 hour. For Football: no protective equipment may be worn during practice and there may be no conditioning activities. For All Sports: There must be 20 minutes of rest breaks distributed throughout the hour of practice. <b>(RED Flag)</b>
Over 92.1	No outdoor workouts. All activities suspended. <b>(BLACK Flag)</b>

- All parents, participants and coaches shall be notified of these procedures prior to the start of the season.
- All participants, specifically related to football, shall be prepared for each practice to bring necessary clothing items, specifically shorts, in the event a reading requires them to wear them.
- In the event that a participant is not adequately prepared or has the necessary apparel to participate in said program, he/she will be required not to participate. Disciplinary action will be taken if participant does not abide.
- In the event that a coach does not follow said policy disciplinary action will be taken as needed.

# Bremen Parks & Recreation Department

## Coaches Application and Background Check Authorization



I understand that becoming a volunteer coach, I will be governed by rules and policies of the Bremen Parks & Recreation Department and the league in which the Department is participating. This includes my becoming certified before the first game which I will be coaching. This also means that I am aware that I must adhere to the coaching ethics policies by this position.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone Numbers: \_\_\_\_\_  
(Home) (Work) (Cell)

Sport to be Coached \_\_\_\_\_ Age Preferred \_\_\_\_\_

Will your child/children be participating in this program \_\_\_\_\_, if yes how many and what ages \_\_\_\_\_.

Total years coached this sport \_\_\_\_\_. This age group \_\_\_\_\_ Other \_\_\_\_\_

List any playing experience you have had in this sport: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Coaching experience with Bremen Parks & Recreation Department

- Sport \_\_\_\_\_ Age \_\_\_\_\_
- Sport \_\_\_\_\_ Age \_\_\_\_\_
- Sport \_\_\_\_\_ Age \_\_\_\_\_

Have you coached an All-Star team previously? Please list: \_\_\_\_\_  
\_\_\_\_\_

Why do you want to coach? \_\_\_\_\_  
\_\_\_\_\_

Will you be available for coaches' meetings? \_\_\_\_\_

If you have had previous training, please specify the program and your certification number:  
Training \_\_\_\_\_ Certification # \_\_\_\_\_

Are you willing to coach other age groups? \_\_\_\_\_ If so, what ages \_\_\_\_\_

Why do you feel you would make a good coach? \_\_\_\_\_  
\_\_\_\_\_

If chosen as head coach, who would you recommend as your assistant coach? \_\_\_\_\_

I have read and answered all the above questions to the best of my knowledge and I agree to do what is best for the children participating in this program while coaching for this department.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE A TEAM/SQUAD**

**PLEASE COMPLETE BACKGROUND CHECK INFORMATION ON REVERSE OF APPLICATION**

## Name-Based Criminal History Record Information (CHRI) Consent/Inquiry Form

I hereby authorize Bremen Parks & Recreation to conduct an inquiry for  
Agency/Company  
 the purpose below and receive any Georgia and/or national CHRI as authorized by state and federal law.

<b>Full Name (print)</b>			
<b>Address</b>			
<b>Sex</b>	<b>Race</b>	<b>Date of Birth</b>	<b>Social Security Number</b>

This authorization is valid for 60 days from date of signature.

I, \_\_\_\_\_, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Attorney for Individual (Purpose Code E and U Only) Bar Number Date

Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

**Purpose Code Used (check one): Note: Only one inquiry may be performed per consent form.**

NON-CRIMINAL JUSTICE PURPOSES		
	<b>E</b>	Employment
	<b>M</b>	Employment direct care with Mentally Ill/Developmentally Disabled
	<b>N</b>	Employment direct care with Elderly
<input checked="" type="checkbox"/>	<b>W</b>	Employment direct care with Children
	<b>P</b>	Public Record (no consent required)
	<b>F</b>	Probate Court/Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)		
	<b>U</b>	Personal Copy (stamp return "personal copy")
CRIMINAL JUSTICE EMPLOYMENT		
	<b>J</b>	Civilian Criminal Justice Employment (state and III data received)
	<b>Z</b>	Sworn Criminal Justice Employment (state and III data received)

**This inquiry resulted in the following (check all that apply):**

	No criminal history available
	Criminal history available (attached/released)
	No NCIC/GCIC Warrant
	Possible NCIC/GCIC Warrant (list Wanting agency below)
	Wanting Agency Name:
	Wanting Agency Telephone:

Agency Designee Signature and Title



# Signature Form

\*By submitting this signature form, I am acknowledging that I am in receipt of these forms and fully understand and will comply with what has been outlined in these forms.

1) Fall Break Acknowledgement Form \_\_\_\_\_

2) Pre-Season Mandatory Coaches Clinic \_\_\_\_\_

*I understand that I must attend the League mandate rules meeting being held on **August 11<sup>th</sup>** at **3 PM** at the Lakeshore Gym in Carrollton*

3) "Coaches Code of Ethics Policy" \_\_\_\_\_

4) "Mandatory Reporter" \_\_\_\_\_

*I understand that under Georgia Law, as a volunteer coach, I am deemed a mandatory reporter and understand the process of properly notifying the correct personnel in the event of such occasion occurring.*

5) "Heat Related Wellness Policy" \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Age Group Requesting: \_\_\_\_\_