

YOUTH BASKETBALL ASSISTANT COACH APPLICATION CHECK-OFF LIST

(TURN IN WITH PACKET)

Your Name: _____

Head Coach Name: _____

Division: _____ **Coed Kindergarten**

Boys _____ **1st/2nd** _____ **3rd/4th** _____ **5th/6th** _____ **7th/8th**

Girls _____ **1st/2nd** _____ **3rd/4th** _____ **5th/6th** _____ **7th/8th**

_____ ***I have completed the online coach registration***

_____ **Assistant Coach Application Form**

_____ **Assistant Coach Code of Ethics**

_____ **Assistant Coach Code of Conduct**

_____ **MANDATORY for Head and Assistant Coaches:**

_____ **Concussion Training Certificate**

The Livescan form is included in this packet.

Please make an appointment at Placerville PD, phone # is on form.

All of this information MUST be received in the office and APPROVED, including finger-print clearance PRIOR to being allowed to participate with the team at games. Until you have been FULLY cleared, you are a spectator.

OPTIONAL:

_____ ***Sponsor application with check for \$100 (optional)***



CITY OF PLACERVILLE RECREATION AND PARKS DEPARTMENT

YOUTH BASKETBALL

VOLUNTEER COACH APPLICATION FORM

(Use for both Head and Assistant Coach Applications)

COACH REQUIREMENTS:

Upon approval, all new Coaches will be required to be fingerprinted. Returning coach fingerprints will be verified to confirm that they are still valid from the previous year. Fingerprint forms will be provided to you once you are approved as a coach. **Fingerprints MUST BE CLEARED prior to being allowed to hold or assist with practices, or coach and/or sit on the bench during games. NO EXCEPTIONS!**

You will also be required to complete the following:

CDC Heads Up Concussion Training (<https://www.train.org/cdctrain/course/1089818/details>) as well as
Mandated Reporter Training (<https://mandatedreporterca.com/>) to finalize your application. *at your expense*

Name: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Telephone number: _____ E-mail: _____

Have you coached for us before? _____ If yes, when? _____

Assistant coach applicants, please complete the following:

Head coach's name: _____ Team name: _____

Division: _____

Please complete the following information for your child if you would like him or her to participate on your team. (Please be sure to register your child online-selected Coaches will receive a refund at the end of the season)

Child's name: _____ Male/Female: _____ Grade: _____

"I, the undersigned, understand that the City of Placerville, officials, volunteers and all school districts are not responsible for accidents and/or injuries occurring during and/or resulting from games and/or practices. I further agree to hold the City of Placerville, officials, volunteers and all school districts free and harmless from liability and indemnify them from any loss incurred by them resulting from my negligence or other acts as a volunteer coach."

It is understood that I am acting as a volunteer and am not eligible to lay claim to benefits from social security, State Unemployment Insurance, Workers' Compensation Insurance, or to those benefits reserved for employees of the City. I shall be responsible for paying my own medical bills for any personal illness or injuries incurred.

I certify that all statements on this and other supplementary forms are true and correct. I acknowledge that any false statement or misrepresentation on this form or supplementary materials will be cause for refusal of placement or for immediate dismissal at any time during the season. I am aware that volunteer Youth Basketball Coaches are required to be fingerprinted by the City of Placerville."

Signature: _____ Date: _____



City of Placerville

Youth Basketball

Coaches Code of Ethics

I hereby pledge to live up to the following expectations as a youth coach:

- I will place the emotional and physical well-being of my players ahead of a personal desire to win.
- I will treat each player as an individual, remembering the large range of emotional and physical development needs for the same age group.
- I will do my best to provide a safe playing environment for my players.
- I promise to review and practice the 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 my players.
- 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.
- 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 each of the skills that I teach.
- I will remember that I am a youth sports coach, and that the game is for children and not adults.

I hereby pledge to adhere to the The City of Placerville Coaches Code of Ethics and fully understand that if I do not uphold these ethics, I will be held accountable for my behavior, leading up to revocation of my coach status.

Coach signature_____ Date_____



CITY OF PLACERVILLE RECREATION AND PARKS DEPARTMENT

YOUTH BASKETBALL CODE OF CONDUCT

1. **NO PLAYER/COACH SHALL:** Be guilty of objectionable demonstrations of dissent at official's decision. Penalty: The degree of infraction of this tenet of good sportsmanship shall, in the official's judgment draw:
 - MINIMUM PENALTY: Warning by the official or gym supervisor.
 - MAXIMUM PENALTY: Dismissal from the gym.
2. **NO PLAYER/COACH SHALL:** Discuss with an official in any manner the decision reached by such official. Penalty: - The degree of infraction of this tenet of good sportsmanship shall in the official's judgment draw:
 - MINIMUM PENALTY: Warning by the official or gym supervisor.
 - MAXIMUM PENALTY: Removal from the game.
3. **NO PLAYER/COACH SHALL:** Refuse to abide by an official's decision. Officials are required to immediately dismiss player/coach from gym and report such player/coach to the League Director. Such player/coach shall remain suspended until the League Director has considered his case.
 - MINIMUM PENALTY: Placed on probation for the remainder of the season.
 - MAXIMUM PENALTY: Suspension for two league games, placed on probation for the remainder of the season.
4. **NO PLAYER/COACH SHALL:** At any time lay a hand upon, shove, strike, or threaten an official or gym supervisor. Officials and gym supervisors are required to immediately dismiss the offending player/coach from the gym and report such player/coach to the League Director. Such player/coach shall remain suspended until his or the League Director has considered her case.
 - MINIMUM PENALTY: Suspension from two league games, placed on probation for the remainder of season.
 - MAXIMUM PENALTY: Suspension for life and/or assault charges filed.
5. **NO PLAYER/COACH SHALL:** Be guilty of encouraging unnecessarily rough tactics in the play of the game against the body and person of an opposing player. Officials and gym supervisors are required to immediately suspend coaches or players from further play and report such player/coach to League Director.
 - MINIMUM PENALTY: Placed on probation for the remainder of the season.
 - MAXIMUM PENALTY: Suspension for two League Games and placed on probation for the remainder of the season.
6. **NO PLAYER/COACH SHALL:** Be guilty of fighting. Fighting includes but is not limited to: 1). Attempting to strike a person with arms, legs or feet; 2) Attempting to punch or kick an opponent, regardless of there is contact; or 3) Instigating a fight by committing an act that causes an opponent to retaliate by fighting.
 - MINIMUM PENALTY: Suspension from two league games, placed on probation for the remainder of the season.
 - MAXIMUM PENALTY: Suspension for life and/or assault charges filed.
7. **NO PLAYER/COACH SHALL:** Be guilty of an abusive verbal attack upon any player, coach, official, gym supervisor, or spectator. Such player/coach shall remain suspended until the League Director has considered his case.
 - MINIMUM PENALTY: Placed on probation for the remainder of the season.
 - MAXIMUM PENALTY: Suspension from two league games and placed on probation for the remainder of the season.
8. **NO PLAYER/COACH SHALL:** Be guilty of physical attack as an aggressor upon any player, coach, official, gym supervisor, or spectator. Officials and gym supervisors are required to immediately dismiss such player/coach from the gym and report such player/coach to the League Director. Such player/coach shall remain suspended until the League Director has considered his case.
 - MINIMUM PENALTY: Suspension from two league games, placed on probation for the remainder of the season.
 - MAXIMUM PENALTY: Suspension for life and/or assault charges filed.
9. **NO PLAYER/COACH SHALL:** Be guilty of gambling upon any play or the outcome of games with any spectator, player, or opponent. Officials and gym supervisors are required to report violation of this rule to the League Director.
 - MINIMUM PENALTY: Placed on probation for the remainder to the season.
 - MAXIMUM PENALTY: Suspension for the remainder of the season.
10. **NO PLAYER/COACH SHALL:** Smoke while on school grounds.
 - MINIMUM PENALTY: Warning from official or gym supervisor.
 - MAXIMUM PENALTY: Dismissal from school grounds.

11. **NO PLAYER/COACH SHALL:** Appear upon the field of play at any time in an intoxicated condition. Officials and gym supervisors are required to immediately dismiss player/coach from gym and report it to League Director for further consideration.
 - MINIMUM PENALTY: Suspension for two league games and placed on probation for the remainder of the season.
 - MAXIMUM PENALTY: Suspension for the remainder of the season.
12. **NO COACH SHALL:** Be allowed to coach a team at practice and/or coach or sit on the bench during games until full clearance has been granted by the Recreation Supervisor. League Directors, Gym Supervisors and the Recreation Supervisor are required to immediately dismiss any player/coach who has not been granted full clearance.
 - MINIMUM PENALTY: Warning by a City staff member.
 - MAXIMUM PENALTY: Removal from the game.

NOTE:

1. Any player/coach being placed on probation for the remainder of the season that is reported again for violating the "Code of Conduct" will be suspended for the remainder of the season.
2. Any player/coach removed from a game must leave the park or school facility immediately. Failure to do so will carry a maximum penalty of permanent suspension from the program.

I HAVE READ AND UNDERSTAND THE YOUTH BASKETBALL PLAYER/COACH'S CODE OF CONDUCT. I HAVE SHARED THIS CODE OF CONDUCT WITH MY TEAM. WE UNDERSTAND THAT VIOLATIONS MAY RESULT IN A WARNING, TECHNICAL FOUL AGAINST MY TEAM, REMOVAL FROM SCHOOL GROUNDS, PROBATION, OR SUSPENSION. I AGREE TO ABIDE BY THIS CODE OF CONDUCT.

PLEASE SIGN APPROPRIATE LINE BELOW:

Head Coach: (Print name): _____ Signature: _____

Assistant Coach (Print name): _____ Signature: _____

Junior Coach (Print name): _____ Signature: _____

For JUNIOR coach:
Parent (Print name): _____ Signature: _____



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0090100

ORI (Code assigned by DOJ)

RES NO 8695

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

PLACERVILLE POLICE DEPARTMENT

Agency Authorized to Receive Criminal Record Information

730 MAIN STREET

Street Address or P.O. Box

PLACERVILLE

City

CA

State

95667

ZIP Code

06039

Mail Code (five-digit code assigned by DOJ)

Contact Name (mandatory for all school submissions)

5306425259

Contact Telephone Number

Applicant Information:

Last Name

First Name

Suffix

Other Name: (AKA or Alias)

Last Name

First Name

Suffix

Date of Birth Sex Male Female Nonbinary/Unspecified

Driver's License Number

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home Address Street Address or P.O. Box

City

State

ZIP Code

Billing Number

143753

(Agency Billing Number)

Misc. Number

(Other Identification Number)

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number:

OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number:

Original ATI Number

(Must provide proof of rejection)

Employer (Additional response for agencies specified by statute):

CITY OF PLACERVILLE

Employer Name

3101 CENTER STREET

Street Address or P.O. Box

Telephone Number (optional)

PLACERVILLE

City

CA

State

95667

ZIP Code

22516

Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed