

Lyons Recreation Department

Mailing Address: 161 N.E. Broad St.

Physical Address:  168 Miot St.

Lyons, GA 30436 Untitled

Tel:  912-526-3084 Fax: 912-526-4832

E-mail: lyonsrec@lyonsga.org

[www.lyonsga.org](http://www.lyonsga.org/)

**Coach / Official Registration Form Sport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\* Must be 16yrs old or older to be eligible to coach or referee. \*\*\***

**Completed applications may be delivered in person to the office at 168 Miot St. or mailed to 161 NE. Broad St. as listed above. You may also scan and e-mail or fax to the number above.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date of Birth:**  **\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_**

**Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Did you coach/referee last year?  Y or N     How many years have you worked as a Coach/ Referee? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**May we contact you at your workplace?  Y or N        If yes, at what number?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What age group are you interested in coaching/refereeing?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Names of your children, if any? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Is there another coach that you would like to coach with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

  **Coaches and referees are expected to always conduct themselves in an adult and sportsmanlike manner and should display good sportsmanship both on and off the field/court. He/She should place the emotional and physical wellbeing of the players ahead of any personal desire to win. As a volunteer or paid person, I am aware of my responsibility as a representative of the Lyons Recreation Department, and I agree not to use profanity or participate in the drinking of alcoholic beverages when in the presence of the children I am supervising or working with. I understand the Director and/or Staff of LRD will have the right to suspend or terminate any coach, assistant coach or referee at any time, if deemed necessary.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE OF COACH/REFEREE                                      PRINTED NAME OF COACH/REFEREE**

**------------------------------------------------------------------------------------------------------------------------------------------------------------**

**OFFICE USE ONLY**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_          TEAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_          ASSISTANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COMMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Revised 03/03/2022 LI

**Lyons Recreation Department Coaches’ Policies**

* **Head coaches must report to the Lyons Recreation Department (LRD) and complete a form for a background check. The report will be reviewed by the Chief of Police, and he will make any recommendation that may be necessary. The report will NOT be reviewed by LRD Staff.**
* All coaches (Head and Assistant) must complete a Volunteer Registration form. All coaches must sign and agree to LRD’s coaches’ ethics and policies forms.
* All head coaches must attend the required preseason coaches’ meeting(s) and/or clinic each year, in each sport he or she wishes to coach. Failure to do so may result in the loss of his or her team.
* All head and assistant coaches must be approved by LRD. No head coach or assistant coach may change teams without prior approval of LRD’s Director and/or Sports Program Coordinator.
* Coaches should be cooperative and respectful when dealing with fellow coaches, officials, LRD staff, parents, players, and spectators.
* Coaches should follow all league rules and guidelines. Any coach that chooses not to do so, may be suspended or subjected to the loss of his or her team.
* No coach may coach for more than one team, during a single sport season without prior approval of LRD.
* Any coach having knowledge of players in a league or tournament under LRD, that are there under false age or identification will be suspended indefinitely.
* **All coaches are responsible for collecting and returning any equipment issued, no later than two weeks after their last game.**
* Any head coach or assistant coach acting in an unsportsmanlike manner or in any manner that could prove detrimental to leagues, players, officials, other coaches, or spectators, will be subject to disciplinary actions by the Recreation Board and/or Director. Disciplinary action may consist of a verbal warning, consequences listed below, and/or criminal charges. **(\*\*\*Note: The Rec Board/Rec Director reserve the right to adjust consequence in each individual situation.)**
* **The offenses and consequences are listed below:**
* **Abusive/threatening language and/or Unsportsmanlike conduct at a league/athletic event**

**- Suspension: 1 game**

* **Touching or striking a coach, official, player, staff member, or spectator**

**- Suspension: Remainder of Current Season + 12 months.**

* **Damage to Recreation Property - Suspension: Indefinite**
* **Any other action(s) deemed detrimental by Lyons Recreation Staff other than those mentioned here --- Consequences may be determined by the Rec Board and Director**

**NYSCA Coaches’ Code of Ethics**

* 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 for the same age group.
* I will do my best to provide a safe playing situation for my players.
* I will 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 the game is for the children and not the adults.

 **A coach/referee must adhere to the policies and regulations outlined in this Application Form, as issued by the Lyons Recreation Department. Failure to do so will result in termination or suspension from coaching with this department for a period to be determined by the Lyons Recreation Department Director and/or staff.**

**Signature of Applying Coach/Referee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**Name-Based Criminal History Record Information Consent/Inquiry Form**

**I hereby authorize LYONS POLICE DEPARTMENT to conduct an inquiry for the purposes listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.**

|  |  |
| --- | --- |
| **Full Name (Print)** |  |
| **Address** |  |
| **Sex** | **Race** | **Date of Birth** | **Social Security Number** |
|  |  |  |  |

**󠄁 This authorization is valid for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 (Pur E and U Only) Bar Number Date**

**Date of Inquiry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Inquiry: \_\_\_\_\_\_\_\_\_\_\_\_ Operator’s Initials: \_\_\_\_\_\_\_\_\_\_\_\_**

**Purpose Code Used: (Check all that apply)**

|  |  |
| --- | --- |
|  | **E – Employment** |
|  | **J – Civilian Criminal Justice Employment (State & III Info Received)** |
|  | **M – Working with Mentally Disabled** |
|  | **N – Working with Elderly** |
|  | **P – Public Records** |
|  | **U – Personal Copy** |
| W | **W – Working with Children** |
|  | **Z – Sworn Criminal Justice Employment (State & III Info Received)** |

**The inquiry resulted in the following: (Check all that apply)**

|  |  |
| --- | --- |
|  | **No Criminal Record Available** |
|  | **Criminal Record (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 Date**

Revised June 2017