

Coach's Information Flyer Flag Football & Cheer

Enrollment: 22 Aug - 22 Sep 23
Please help us get the word out!

Coaches wanting to be out on the fields must:

1. Turn in background paperwork with fingerprints to Sports office.
2. Complete NAYS training, sport specific certification, Child Abuse Prevention, & Concussion.
3. You will receive an email for the NAYS link once your background paperwork is TURNED-IN.
4. **ALL SHOTS/Flu shot verification(1 Dec-31 May)**
5. Once cleared & training completed, pick up green coaches shirt to wear at practices and games.

Coaches wanting their child/youth to be out on the fields must:

1. Complete annual CYS registration at Parent Central Services, Bldg. 2295.
(appointments: 253-966-2977)
2. **Turn-in annual sports physical.**
3. **Turn in flu shot verification (1 Dec - 31 May)**



COACHES MEETING

Friday, 6 Oct 2023
1700 = 5-9 yr old teams
1730 = 10-15 yrs and cheer teams
Location: Youth Sports Office
Bldg #6398 Garcia Blvd

*PLEASE CALL YOUR TEAM

over the weekend to advise them of practice times and location. We will also post rosters on the front windows of Parent Central and CYS Sports.



NAYS Coaches Certification

CYS Sports Department will email you a link to the training.

Training must be completed before the first day of practice:

- | | |
|---------------|----------------------------|
| 1-NAYS coach | 2-Sports specific training |
| 3-Child Abuse | 4-Concussion training |



Parent/Coaches Meeting:

Coaches will go over the Parent Letter, sportsmanship & code of ethics with parents at the first practice.

Practices Begin:

Week of 10 October 2023

Games are:

Saturday's, 21 & 28 Oct 23
Saturday's, 4, 11, & 18 Nov 23
Saturday 2 Dec 23

Team/Individual Photos:

7-8 Nov 23

CYS SPORTS OFFICE

253-967-2405

Sports Director

Cynthia Williams-Patnoe
cynthia.a.williams-patnoe.naf@army.mil

Sports Specialist

Nakita Pruitt

Equip & Facilities Asst.

Todd Melton
Otis Oliver

Fitness Specialist

Justin Graham
Genia Stewart
Cammi Druen

Admin Assistant

Helen Dayton



CODE OF ETHICS

I hereby pledge to live up to my certification as a NAYS Coach by following the NAYS 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 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 my players.
- I will not cheat or engage in any form of unethical behavior that violates league rules.
- 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 all 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.

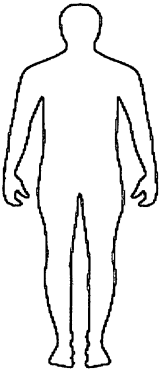
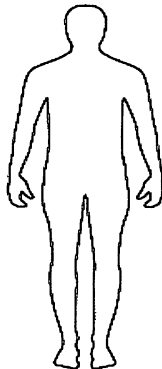
Coach Signature

Date

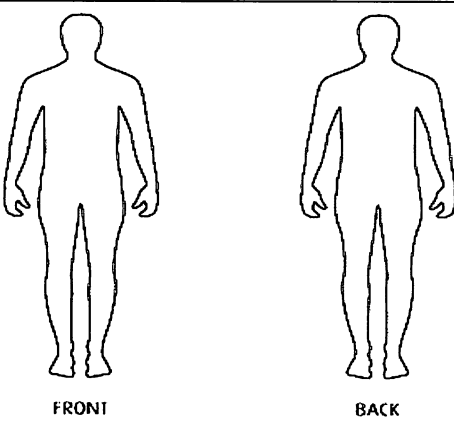
SAMPLE
JOINT BASE LEWIS MCCORD CHILD & YOUTH SERVICES
CHILD OR YOUTH INCIDENT REPORT

Name of Child/Youth Involved: <u>Amazinga Star</u>		Age: <u>7</u>	Date & Time of Incident: <u>10 Sep 2021</u> <u>1000 AM</u>	
Location of Incident Facility: <u>LNAC</u>		Program Area: <u>Field</u>		
<input checked="" type="checkbox"/> Sports Field	<input type="checkbox"/> Sports Gym Bldg. 2295	<input type="checkbox"/> School Gym	<input type="checkbox"/> Instructional Class	<input type="checkbox"/>
<input type="checkbox"/> Did not occur in CYS setting per parent/guardian			<input type="checkbox"/> Learn Center	
Description of Incident (Mark all that apply)				
<input type="checkbox"/> Minor Cut	<input type="checkbox"/> Bite	<input type="checkbox"/> Bleeding		
<input type="checkbox"/> Minor Scrape	<input checked="" type="checkbox"/> Bruise-Mark	<input type="checkbox"/> Open Wound		
<input type="checkbox"/> Scratch	<input type="checkbox"/> Swelling	<input type="checkbox"/> Bloody Nose		
<input type="checkbox"/> Painful extremity	<input checked="" type="checkbox"/> Head Injury	<input type="checkbox"/> Other:		
Indicate Injury		Parent/Guardian Notified Yes <input type="checkbox"/> No <input type="checkbox"/>		
<p style="text-align: center;">FRONT BACK</p>		Time Of day	Type of Contact (In-person, phone, left message)	Who did you contact? (parent-guardian-emergency contact)
		<u>1000</u>	<u>on-site</u>	<u>person-person</u>
		COACH staff Initials <u>AS</u>		
Minor First Aid Provided by CYSS				
<input type="checkbox"/> Cleaned w/Soap & Water				
<input type="checkbox"/> Applied Band-Aid				
<input checked="" type="checkbox"/> Cold Pack				
<input checked="" type="checkbox"/> Rested				
<input type="checkbox"/> Other (describe)				
Objective Written Description of Incident				
Describe in detail what happened to the child or youth. (use back side of form if needed) <u>Amazing & another player were running for the ball and collided. Amazing's cheek has a small mark on left side.</u>				
Name of CYS COACH-Staff who observed incident: <u>Athletic Scout</u>				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO----Were there other children or adults involved in the incident? If yes, explain how without using other children's names: <u>Two child trying to go for same ball. Heads were hit.</u>				
Other Resources				
<input type="checkbox"/> 911 Called	<input type="checkbox"/> Emergency Room	<input type="checkbox"/> APHN	<input type="checkbox"/> MPs	
<input type="checkbox"/> 911 Transported	<input type="checkbox"/> MAMC	<input type="checkbox"/> SWS	<input type="checkbox"/> CYS Nurse	
<input type="checkbox"/> Safety Office	<input type="checkbox"/> CYS Branch Administrator	<input type="checkbox"/> CYS Chief		
<u>Signature here 10 Sep 21</u> COACH-Staff Signature & Date		★ _____ Parent/Guardian Signature & Date		
TEAM NUMBER & AGE: <u>7-8 #1</u>		★ _____ Director Signature & Date		
COACH NAME: <u>Athletic Scout</u>				

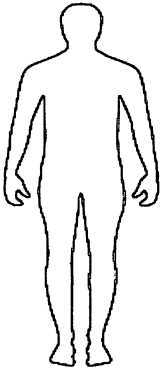
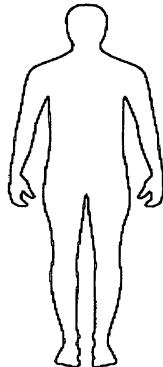
JOINT BASE LEWIS MCCHORD CHILD & YOUTH SERVICES
CHILD OR YOUTH INCIDENT REPORT

Name of Child/Youth Involved:		Age:	Date & Time of Incident:	
Location of Incident Facility:			Program Area:	
<input type="checkbox"/> Sports Field	<input type="checkbox"/> Sports Gym Bldg. 2295	<input type="checkbox"/> School Gym	<input type="checkbox"/> Instructional Class	<input type="checkbox"/>
<input type="checkbox"/> Did not occur in CYS setting per parent/guardian			<input type="checkbox"/> Learn Center	
Description of Incident (Mark all that apply)				
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Indicate Injury		Parent/Guardian Notified Yes <input type="checkbox"/> No <input type="checkbox"/>		
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Minor First Aid Provided by CYSS				
<input type="checkbox"/> Cleaned w/Soap & Water				
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COACH-Staff Signature & Date		Parent/Guardian Signature & Date		
TEAM NUMBER & AGE:				
COACH NAME:		Director Signature & Date		

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COACH-Staff Signature & Date		Parent/Guardian Signature & Date			
TEAM NUMBER & AGE:					
COACH NAME:		Director Signature & Date			