



Northern Cincinnati Upward Sports - Coach & Referee Application

Coach -Basketball / Cheerleading  Asst. Coach  Referee

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone (cell) \_\_\_\_\_ (email) \_\_\_\_\_

Are you a member of a local church?  Yes  No If yes, where? \_\_\_\_\_

Gender:  M  F Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

1. Select Preferred practice location:

\_\_\_\_ Bethany UMC - K-6th \_\_\_\_\_ Crestview Presbyterian – K-4th \_\_\_\_\_ Faith Community UMC - 1<sup>st</sup>-6th  
\_\_\_\_ Royal Redeemer - K-4<sup>th</sup> \_\_\_\_\_ Turningpoint Church - K-6<sup>th</sup> \_\_\_\_\_ West Chester Nazarene-1<sup>st</sup>-6th

2. Mark which grade you prefer to coach with a "C." Mark which league you prefer to referee with an "R."

Division	Boys	Girls	Cheerleading
Kindergarten	_____	_____	_____
1st and 2nd Grade	_____	_____	_____
3 <sup>rd</sup> and 4 <sup>th</sup> Grade	_____	_____	_____
5 <sup>th</sup> and 6 <sup>th</sup> Grade	_____	_____	_____

3. Choose one night you are unable to practice? M T W TH F

4. Which times are you unable to practice? 5:00pm 6:00pm 7:00pm 8:00pm

5. What is your shirt size? MEN: S M L XL XXL XXXL WOMEN: S M L XL XXL XXXL

6. Please list your children who will be participating, if applicable.

Child's Name	Grade	Gender	I would like to coach my child's team	
			Yes	No
_____	_____	M F	Yes No	
_____	_____	M F	Yes No	
_____	_____	M F	Yes No	

7. Have you ever: Coached Upward Basketball \_\_\_\_\_ Coached Upward Cheer \_\_\_\_\_ Refereed Upward Basketball \_\_\_\_\_

8. Are you a Christian? Yes No Please share about your relationship with Jesus? (use the back if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Why do you coach / what is your coaching philosophy? (use the back if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10.Coaches and Referees must attend training:

Coaches – Saturday, November 23, 2019 from 8:30-10:30 am West Chester Church of the Nazarene, 7951 Tylersville Road.

*I understand that I have may have an effect on a child's spiritual development and those on my team have been placed under my guidance. I commit to setting a worthy example for them to follow and one that supports the churches involved in the program. I attest to the truthfulness of the representations I have made, including information provided in the response to questions regarding my criminal history. I authorize any of the represented churches participating to verify the above information and waive any right to confidentiality with respect to the information requested. If requested, I will submit my fingerprints for that purpose. INITIALS \_\_\_\_\_ DATE \_\_\_\_\_*



Northern Cincinnati Upward Sports – Inquiry Release Form

In conjunction with my application for appointment to coach UPWARD basketball, UPWARD Cheerleading or referee with the partner churches (Crestview Presbyterian Church, Bethany United Methodist Church, Turningpoint Church, Faith Community United Methodist Church, Royal Redeemer Lutheran Church and Mason UMC), I understand that you intend to hire Protect My Ministry to obtain reports and/or Investigative Reports (hereinafter called "Reports") about me. These "Reports" may include information concerning my character, general reputation, and/or criminal record.

I understand that you may rely on any or all of the above referenced information in determining whether to extend an offer of appointment to me to coach UPWARD Basketball, UPWARD Cheerleading or Referee. If you contemplate making an adverse appointment-related decision that will affect me based, in whole or in part, upon "Reports" obtained from Protect My Ministry. I will be provided with a copy of the "Reports" and written summary of my Consumer Rights under the FCRA before you finalize that decision.

I have read the above disclosure and I hereby authorize you, Protect My Ministry or its authorized agents to obtain the above referenced information about me. I also authorize all agencies, bureaus, employers, information service organizations and individuals to provide any of the above referenced knowledge or information they have concerning me. If I am appointed, this authorization shall remain on file and shall serve as an ongoing authorization for you to obtain "Reports" about me from Protect My Ministry at any time during my appointment with you. A photocopy or facsimile of this authorization shall be as valid as the original.

Print Name \_\_\_\_\_  
First Name Middle Initial Last Name

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Previous and or Maiden Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The information I provide on this form is true and correct. I understand that dishonesty will disqualify me from consideration for appointment as team coach for UPWARD Basketball or UPWARD Cheerleading. My application may not result in being asked to coach or assistant coach.

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



### Online Concussion Management Training

Per ORC 3707.52 as enacted by Ohio HB 143 of the 129th General Assembly, ODH is required to post free training programs that train coaches and referees in recognizing the signs and symptoms of concussions and head injuries.

The following **free online** training has been approved by ODH for **coaches and referees**:

**National Federation of State High School Associations Concussion in Sports - [What you Need to Know:](#)**

<http://www.nfhslearn.com/electiveDetail.aspx?courseID=38000>

This free on-line course is available through the NFHS. You will need to click the "order here" button and complete a brief registration form to take the course. Follow these steps to complete the course: Click on the button that says, "please login to order." In the window that appears, click "Register Now".

1. When your registration is complete you may "order" the free concussion course offered along the left hand side of the page. Continue following prompts. Although it may look like you'll be charged for the course, there is no cost.
2. Once you have completed "checkout," you'll be able to take the free online course.
3. When you have completed and passed the course, you have the option of printing a certificate of completion.
4. Print the certificate
5. Review the following website which contains basic information for you as well.  
<http://www.healthy.ohio.gov/~media/HealthyOhio/ASSETS/Files/injury%20prevention/updates%20331/3-26.ashx>

Print Name \_\_\_\_\_  
First Name, Middle Initial, Last Name

\_\_\_\_\_ **I have completed the required concussion training and have attached a copy of the certificate of completion.**

--- OR ---

\_\_\_\_\_ **I have completed the required concussion training within the last three years and have attached a copy of the certificate of completion.**

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



## Lindsay’s Law: Sudden Cardiac Arrest in Youth Athletes

### What is Sudden Cardiac Arrest?

A Sudden Cardiac Arrest (SCA) occurs when the heart suddenly and unexpectedly stops beating, cutting off blood flow to the brain and other vital organs. Sudden cardiac arrest is fatal if not treated immediately, most often by a defibrillator.

### Lindsay’s Law

Lindsay’s Law, Ohio Revised Code [3313.5310](#), [3707.58](#) and [3707.59](#) went into effect in 2017.

In accordance with this law, the Ohio Department of Health, the Ohio Department of Education, the Ohio High School Athletic Association, the Ohio Chapter of the American College of Cardiology and other stakeholders jointly developed guidelines and other relevant materials to inform and educate students and youth athletes participating in or desiring to participate in an athletic activity, their parents, and their coaches about the nature and warning signs of sudden cardiac arrest.

The following resources were developed to implement Lindsay’s Law:

#### For coaches:

- If you are a coach for an interscholastic sport and are licensed by the Ohio Department of Education, please visit their [website](#) for information about their training requirements around Lindsay’s Law.
- If you are a coach in a community program, please use the following resources:
  - [Required video](#)
  - [Required SCA Informational Handout](#)

Print Name \_\_\_\_\_  
First Name, Middle Initial, Last Name

\_\_\_\_\_ **I have watched the required SCA video training and reviewed the SCA Informational Handout. This must be renewed on an annual basis.**

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

Please review the coaches circle of affirmation at the bottom of this document.

1. \_\_\_\_\_ Coach and Referee Application
2. \_\_\_\_\_ Inquiry Release Form
3. \_\_\_\_\_ Online Concussion Training Form
4. \_\_\_\_\_ Certificate of completion for concussion training
5. \_\_\_\_\_ Completion of Lindsay’s Law required material
6. \_\_\_\_\_ Coaches: attend coach meeting on Saturday, November 23<sup>th</sup>, 2018 from 8:30 am to 10:30 am

**RETURN ITEMS A SEALED ENVELOPE TO AN EVALUATION LOCATION WITH YOUR NAME PRINTED ON THE OUTSIDE OR SEND DIRECTLY TO:**

**FAITH COMMUNITY UMC  
CONFIDENTIAL ATTN: LYNNE MARTINI  
8230 Cox Road  
West Chester, OH 45069**

**APPLICATIONS SHOULD BE MAILED NO LATER THAN FRIDAY, NOVEMBER 8, 2019.**

