

WHSBLA Program Preseason Packet

Name of Program: _____

It is the responsibility of each program's HEAD COACH to ensure that this packet is completed in its entirety and submitted to the league secretary at (or before) the mandatory coaches meeting on January 26, 2019.

CHECKLIST OF DOCUMENTS

- Signed Acknowledgement Form
- Signed Program Certification Form
- Completed Program Info Sheet
- Membership Fee (check made payable to WHSBLA)

****Please Note – Should a program hire a Head Coach after **January 26th**, that coach must immediately submit all appropriate signatures and be in compliance with all league policies before coaching. Furthermore, the name and position of any coach hired after submission of this document must be forwarded to the league secretary and proof of compliance with all coaching standards must be in place before that coach can be on the field.**

WHSBLA ACKNOWLEDGEMENT

Each of the below mentioned documents are available through the league website:
www.whsbla.org

- Found under *Coaches Info* → *League Documents*

WHSBLA By-Laws

WHSBLA/WIAA Policy

WHSBLA Code of Conduct

Playoff Brackets

WHSBLA Handbook

Compliance File Checklist

- Found under *Coaches Info* → *Concussions/SCA*
Info and Awareness for Concussions and Sudden Cardiac Arrest
- Found under *Coaches Info* → *Coaching Certification*
Requirements for Head Coaches and ALL coaches in your program

We acknowledge that we have reviewed all the above listed documents online. We understand and will abide by the by-laws, policies and rules as adopted by the WHSBLA Board of Directors. We understand that we are responsible for insuring that all those coaching and acting under us will comply with the by laws, policies and rules as adopted by the WHSBLA Board of Directors.

Program _____

Head Coach: _____

Signature: _____ Date _____

A.D./Activities Coordinator or Board President: _____

Signature: _____ Date _____

WHSBLA PROGRAM CERTIFICATION

- PROOF OF INSURANCE
- CONCUSSION/SCA ACKNOWLEDGMENT and Coaches Cert
 - PLAYER'S CODE OF CONDUCT
 - US LACROSSE MEMBER – ALL COACHES
- National Scope BACKGROUND CHECK - ALL COACHES
 - CPR/FIRST AID - ALL COACHES
- US LAX LEVEL I ONLINE COURSE – HEAD COACH

As Athletic Director, Activities Coordinator or Program Board President, and Head Coach of this program, we declare (or certify) under penalty of perjury under the laws of the State of Washington that a hard copy of all documents listed below will be gathered and an electronic COMPLIANCE FILE sent to the league FIVE DAYS PRIOR to the first day of practice:

1. Proof of Liability AND Individual Player Insurance – Either
 - a. Roster of all players with US Lax Member #'s and VALID expiration dates COMBINED with certificate of liability insurance from US Lax
 - b. Letter from school district official OR Documentation of purchased **liability** insurance COMBINED with a roster of **Personal Insurance** policy #'s
2. Concussion/Head Injury and Sudden Cardiac Arrest Acknowledgment
 - a. All players and parents in the program have reviewed, signed and returned an acknowledgement form.
 - b. All Coaches have completed the Concussion in Sports and Sudden Cardiac Arrest Courses through NFHS
3. Player's Code of Conduct – Hard copy of your program's Code of Conduct
4. US Lacrosse Member –Photocopy of membership card with membership valid through June 1, 2019
5. National Scope Background Check – Documentation that all members of the coaching staff have undergone a NATIONAL SCOPE background check through NCSI prior to any contact with participants.
6. CPR/First Aid – Photocopies of current CPR and First Aid certification for each and every member of the coaching staff, valid through June 1, 2019
7. Head Coach has completed US Lacrosse: Level I online course OR is exempt (10 years in league)

Program _____

Head Coach: _____

Signature: _____ Date _____

Place Signed: _____

A.D./Activities Coordinator or Board President: _____

Signature: _____ Date _____

Place Signed: _____

WHSBLA Program Info

Varsity Head Coach:

Email Address:

Cell Number:

Coaching Roster:

List all coaches (paid and volunteer) affiliated with your HS program

NAME	POSITION/LEVEL

Oversight: (Please check one and enter appropriate info)

Athletic Director or Activities Coordinator

Board (if oversight by a program board please complete next page)

Athletic Director or Activities Coordinator

Name:

Mailing Address:

Email Address:

Telephone Number:

Program Board- Per WHSBLA Policy must include the following 3 positions:

NAME of President:

Mailing Address:

Email Address:

Telephone:

NAME of Vice President:

Email Address:

Telephone:

Name of Treasurer:

Mailing Address:

Email Address:

Telephone: