

# WEST CENTRAL OHIO SOCCER ASSOCIATION CODE OF CONDUCT – COACH

By registering as a coach with WCOSA, I agree to comply with the following Code of Conduct for Coaches:

- To know and abide by the rules of the game and the rules of the league.
- To set an example of and encourage good sportsmanship and fair play, dignity and patience for all players, coaches, referees, parents and spectators.
- I am responsible for the conduct of myself, my players, and the parents and spectators associated with my team before, during and after any match.
- To teach each player, especially through personal example, to be humble and generous in victory as well as proud and courteous in defeat.
- To demand that parents and other spectators associated with my team positively
- Encourage all players during a match and to avoid criticism of any coach, player, referee or other spectator before, during and after any match, and to, at all times, refrain from criticism.
- To respect the coaches, players and spectators of the opposing team, before, during and after each match.
- To respect the referees assigned to any match and to refrain from calling into question their judgment or calls.
- To promote the good of the game.
- I understand that if I fail to comply with this Code of Conduct for Coaches, or any other rules or regulations promulgated by WCOSA, SAY or US Youth Soccer, I agree and understand that I and/or my team may be subject to sanctions, including; but not limited to, suspension or expulsion from coaching.

By signing this document, I acknowledge that I have read this Code of Conduct, the rules of WCOSA and SAY, and I agree to comply with this Code of Conduct and all WCOSA and SAY rules.

\_\_\_\_\_  
Club

\_\_\_\_\_  
Team Name

\_\_\_\_\_  
Coach's Signature



# SAY Volunteer Application Form

Please PRINT all information. Applicant MUST fill in all → ↓ areas.

FIRST NAME ↓		INITIAL ↓	LAST NAME ↓	
*STREET ADDRESS ↓				
CITY ↓		STATE ↓	Zip ↓	
HOME PHONE →	WORK PHONE →			
DATE of BIRTH ↓		YEARS LIVED AT ABOVE ADDRESS →		
MO.:	DATE:	YEAR:		
DRIVER LICENSE# ↓		STATE ISSUED ↓	EXPIRATION ↓	

\*If above address is less than five years, please indicate prior address.

STREET ADDRESS ↓				
CITY ↓		STATE ↓	Zip ↓	
HOME PHONE →	YEARS LIVED AT ABOVE ADDRESS →			

PERSONAL HISTORY ↓		YES	NO
Have you ever been found guilty by a court or other tribunal to have committed a violent act against another person, engaged in any misconduct involving a juvenile OR been convicted of a crime except for a minor traffic violation?		<input type="checkbox"/>	<input type="checkbox"/>

**NOTE: SAY, at its discretion, may use the above information to conduct a criminal background check regardless of the response on "Personal History".**

As an applicant for a Soccer Association for Youth (SAY) volunteer position, I hereby attest to the truthfulness of the representations I have made, including the information provided in response to the questions regarding my criminal history. I authorize SAY to verify the above information and waive any right to confidentiality with respect to the information requested. If requested by SAY, I will submit my fingerprints for that purpose.

→ \_\_\_\_\_

Applicant Signature Date

### AREA USE ONLY

SAY AREA:
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\_\_\_\_\_

AREA VOLUNTEER ADMINISTRATOR  
Must be signed if a "YES" Response

\_\_\_\_\_

Date

*11/17/01/MSI*

**WEST CENTRAL OHIO SOCCER ASSOCIATION  
ACKNOWLEDGEMENT OF PARENT CODE OF CONDUCT**

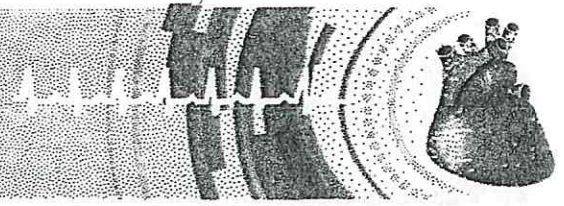
By signing below, I acknowledge I have read and understand the Code of Conduct for Parents. I agree to follow the Code of Conduct for Parents and all other polices of WCOSA.

Team Name: \_\_\_\_\_

Player Name	Parent Signature	Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____
21. _____	_____	_____
22. _____	_____	_____



## Sudden Cardiac Arrest and Lindsay's Law Information for the Coach



- Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. This law went into effect in 2017. SCA is the leading cause of death in student athletes 19 years of age or younger. SCA occurs when the heart suddenly and unexpectedly stops beating. This cuts off blood flow to the brain and other vital organs. SCA is fatal if not treated immediately.
- "Youth" covered under Lindsay's Law are all athletes 19 years of age or younger that wish to practice for or compete in athletic activities organized by a school or youth sports organization.
- Lindsay's Law applies to all public and private schools and all youth sports organizations for athletes aged 19 years or younger whether or not they pay a fee to participate or are sponsored by a business or nonprofit. This includes:
  - 1) All athletic activities including interscholastic athletics, any athletic contest or competition sponsored by or associated with a school
  - 2) All cheerleading, club sports and school affiliated organizations including noncompetitive cheerleading
  - 3) All practices, interschool practices and scrimmages
- Coaches have specific responsibilities under Lindsay's Law:
  - 1) Annual completion of the required SCA training course approved by the Ohio Department of Health
  - 2) Preventing the following students from participating in athletic activities until the coach receives written clearance by a licensed health professional. This written clearance must be shared with any school or sports official:
    - a) A youth whose biological parent, sibling or child has previously experienced SCA
    - b) Any youth athlete that experiences syncope or fainting before, during or after a practice, scrimmage, or competitive play
- Any of these things may cause SCA:
  - 1) Structural heart disease. This may or may not be present from birth
  - 2) Electrical heart disease. This is a problem with the heart's electrical system that controls the heartbeat
  - 3) Situational causes. These may be people with completely normal hearts who are either hit in the chest or develop a heart infection
- Warning signs in a youth athlete's family that indicate the youth athlete may be at high risk of SCA:
  - o A blood relative who suddenly and unexpectedly dies before age 50
  - o Any of the following conditions: cardiomyopathy, long QT syndrome, Marfan syndrome, or other rhythm problems of the heart
- Warning signs of SCA. If any of these things happen with exercise, the youth athlete should be seen by a health care professional:
  - o Chest pain/discomfort
  - o Unexplained fainting/near fainting or dizziness
  - o Unexplained tiredness, shortness of breath or difficulty breathing
  - o Unusually fast or racing heart beats



- The youth athlete who faints or passes out before, during, or after an athletic activity **MUST** be removed from the activity. Before returning to the activity, the youth athlete must be seen by a health care professional and cleared in writing.
- If the youth athlete's biological parent, sibling or child has had a SCA, then the youth athlete **MUST** be removed from activity. Before returning to the activity, the youth athlete must be seen by a health care professional and cleared in writing.
- Any young athlete with any of these warning signs cannot participate in practices, interschool practices, scrimmages or competition until cleared by a health care professional.

- Other reasons to be seen by a health care professional would be a heart murmur, high blood pressure, or prior heart evaluation by a physician.
- Lindsay's Law lists the health care professionals who may evaluate and clear youth athletes. They are a physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist or certified nurse midwife. For school athletes, a physician's assistant or licensed athletic trainer may also clear a student. That person may refer the youth and family to another healthcare provider for further evaluation. Clearance must be provided in writing to the school or sports official before the athlete can return to the activity.

- Despite everyone's best efforts, sometimes a young athlete will experience SCA. If you have had CPR training, you may know the term "Chain of Survival." The Chain of Survival helps anyone survive SCA.
- Using an Automated External Defibrillator (AED) can save the life of a child with SCA. Depending on where a young athlete is during an activity, there may or may not be an AED close by. Many, but not all, schools have AEDs. The AED may be near the athletic facilities, or the AED may be close to the school office. Look around at a sporting event to see if you see one. If you are involved in community sports, look around to see if there is an AED nearby.
- If you witness a person experiencing a SCA: First, remain calm. Follow the links in the **Chain of Survival**:
  - ❖ Link 1: Early recognition
    - Assess child for responsiveness. Does the child answer if you call his/her name?
    - If no, then attempt to assess pulse. If no pulse is felt or if you are unsure, call for help "someone dial 911"
  - ❖ Link 2: Early CPR
    - Begin CPR immediately
  - ❖ Link 3: Early defibrillation (which is the use of an AED)
    - If an AED is available, send someone to get it immediately. Turn it on, attach it to the child and follow the instructions
    - If an AED is not available, continue CPR until EMS arrives
  - ❖ Link 4: Early advanced life support and cardiovascular care
    - Continue CPR until EMS arrives

- Lindsay's Law requires both the youth athlete and parent/guardian to acknowledge receipt of information about Sudden Cardiac Arrest by signing a form.

\* Please view Lindsay's Law video online:

<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/Lindsays-Law/Lindsays-Law>

-once there, scroll down and click on "required video" in the Coaches Section