



YOKOTA YOUTH PROGRAMS
Yokota Air Base, Japan

Coach registration

Sport: _____

Last Name _____ First Name _____

Home phone _____ Work phone _____

Email _____

***Contact information will be given to parents**

Mailing address: PSC _____ Box _____

I would like to Coach Asst

Age group interested in coaching:

3/4 5/6 7/8 9/10 11/12 13/15 16/18

Are you NYSCA certified Y N

Date last trained: _____
MM/DD/YYYY

Please provide copy of coaches' card to Sports Director

Thank you for volunteering to be a Youth Coach.

The following documents are required prior to conducting practices or games.

1. Proof of current coaches training (copy of coach's card)
2. Self aid buddy care training rip for first aid/CPR card (copy)
3. Acceptance of your volunteer position
4. Code of Ethics
5. Crime statement
6. Reference letter
7. Background check Print document, sign and return to Youth Sports Director

Signature: _____

**By signing this document you give permission to release your contact information*

PRIVACY ACT OF 1974 APPLIES



YOKOTA YOUTH PROGRAMS
Yokota Air Base, Japan
Coaches Code of Ethics

- 1) I WILL PLACE THE EMOTIONAL AND PHYSICAL WELL-BEING OF MY PLAYERS AHEAD OF PERSONAL DESIRES TO WIN.
- 2) I WILL TREAT EACH PLAYER AS AN INDIVIDUAL, REMEMBERING THE LARGE RANGE OF EMOTIONAL AND PHYSICAL DEVELOPMENT FOR THE SAME AGE GROUP.
- 3) I WILL DO MY BEST TO PROVIDE A SAFE PLAYING SITUATION FOR MY PLAYERS
- 4) I WILL PROMISE TO REVIEW AND PRACTICE THE BASIC FIRST AID PRINCIPLES NEEDED TO TREAT INJURIES OF MY PLAYERS
- 5) I WILL DO MY BEST TO ORGANIZE PRACTICES THAT ARE FUN AND CHALLENGING TO ALL MY PLAYERS
- 6) I WILL LEAD BY EXAMPLE IN DEMONSTRATING FIR PLAY AND SPORTSMANSHIP TO ALL MY PLAYERS
- 7) 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
- 8) I WILL BE KNOWLEDGEABLE IN THE RULES OF EACH SPORT THAT I COACH, AND I WILL TEACH THESE RULES TO MY PLAYERS
- 9) I WILL USE THOSE COACHING TECHNIQUES APPROPRIATE FOR EACH OF THE SKILLS THAT I TEACH
- 10) I WILL REMEMBER THAT I AM A YOUTH SPORTS COACH, AND THAT THE GAME IS FOR THE CHILDREN AND NOT THE ADULTS

I HEREBY PLEDGE TO LIVE UP TO MY CERTIFICATION AS AN NYSCA COACH

Date _____
MM/DD/YYYY

Print Name

Signature



YOKOTA YOUTH PROGRAMS Yokota Air Base, Japan

1. In accordance with AFI 34-248, 34-249, AFM 34-251 and National Youth Sports Coaching Association training staff and volunteers must use only positive techniques of guidance with children. As employees or volunteers of the Yokota Youth Sports Program and advocates of children, we must practice techniques that are fair, consistent, and respectful of children and their needs.

A. Guidance Violations

Staff and volunteers who violate the child policy will not have access to children until they have been retrained. Staff that displays a pattern of violating the child guidance policy will be terminated.

B. Reporting Abuse Violations

Staff members, parents, and volunteers are mandated by law to report suspected child abuse. Your first responsibility is to ensure the safety of the child. Violations of the child guidance policy or other incidents of suspected abuse must be reported to the immediate supervisor or someone in the chain of command. You must also document the incident on AF Form 1023 and AF Form 1187.

F. Child, Drug, or alcohol statement

You are asked to complete this statement as a prerequisite for a position of trust involving youth. Completion of this statement is voluntary however, failure to complete the statement will be grounds to discard your volunteer application.

“I have never been arrested or convicted of any crime involving children, drugs or alcohol”

PRINT YOUR NAME

///SIGNED///

FRANK BARKER
Youth Sports Director

SIGNATURE/DATE

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YOKOTA YOUTH PROGRAMS
Yokota Air Base, Japan

MEMORANDUM FOR 374 SFS/SPAR
374 MDOS/SGOMHF
374 MDOS/SGOMH

FROM: 374 MSG/SVYY

SUBJECT: Installation Records Check

1. The following applicant is required to have a background check conducted IAW DODI 1402.5. The following areas must be considered: Drug and Alcohol records check, Mental Health Record Check, Family Advocacy check and Individual and household members check.
2. For further information please contact Frank Barker at 225-7021.

Applicant's Name _____
Soc Sec # _____
Date of Birth _____
Phone Number _____
Address _____

I understand this information will be used to process my volunteer application for youth programs. Youth Programs has my permission to distribute this document to the screening agencies.

Applicant's signature for release _____

SFS	Sign or stamp	Record/No record
Life Skills	Sign or Stamp	Record/No record
Family Advocacy	Sign or stamp	Record/No record

Include comments on reverse or attachment.

///SIGNED///
FRANK BARKER
Director, Youth Sports

PRIVACY ACT OF 1974 APPLIES



YOKOTA YOUTH PROGRAMS Yokota Air Base, Japan

MEMORANDUM FOR WHOM IT MAY CONCERN

FROM: 374 MSG/SVYY

SUBJECT: Reference Checks for Youth Program Volunteers

It is required that two positive references be obtained for all program volunteers. Please fill in two references below, including an address and current telephone number. These reference checks will be completed before you will be allowed to volunteer.

Volunteer Name (Please Print) _____

1. Name of Reference: _____

Address: _____

Telephone number: _____

<i>To be completed by Youth Program Staff:</i>	Date Reference Contacted: _____
Outcome (Please circle one): Positive Negative	
Comments: _____	
Staff Completing Reference Check: _____	

2. Name of Reference _____

Address: _____

Telephone number: _____

<i>To be completed by Youth Program Staff:</i>	Date Reference Contacted: _____
Outcome (Please circle one): Positive Negative	
Comments: _____	
Staff Completing Reference Check: _____	

Volunteer Signature _____ Date _____

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