ADULT VOLUNTEER AGREEMENT

I want to serve as a volunteer with the **Eastmont Parks and Recreation Department** (the Department) for the following activities:

Services:

1. I agree that my services are completely voluntary.
2. I agree that I will not be paid or otherwise compensated by the Department for these services.
3. I agree to follow all Department rules, regulations and policies.
4. I agree to participate in and complete any training required by the Department.
5. I agree to return all Department property upon the completion of my volunteer services.
6. I agree that I will immediately notify my supervisor if I will be unable to report for my scheduled services and, whenever possible, I will provide 48 hours advance notice.
7. I agree that I or the Department may terminate my volunteer services for any reason and at any time.
8. I understand and agree that, as required by law, a criminal history records check will be obtained from the Washington State Patrol. I authorize the Department to obtain such information. I understand that, based upon criminal history, the Department may decline or terminate my volunteer services.

My supervisor is _____ Telephone____**884-8015**_____

I have received the following Department property for volunteer services:

Equipment/Keys/Other: **5 Basketballs**

Name _____ E-mail _____

Address _____

City _____ Telephone _____ Cell _____

AUTHORIZATION AND WAIVER

I wish to provide volunteer services to the **Eastmont Parks and Recreation Department** (the Department), as described at the top of this form.

I agree to all the terms and conditions contained above.

I acknowledge that recreation activities and the proposed volunteer services have inherent risks, including the risk of personal injury. I acknowledge that I could be injured while providing volunteer services during recreation activities. As a condition of the Department allowing me to provide volunteer services, I hereby waive all claims against Douglas County, Eastmont Parks & Recreation Department, including their elected officials, employees and agents, Eastmont School District No. 206, Wenatchee School District No. 246, for personal injuries and/or property damages that may arise from or be in any way connected with my participation as a volunteer in recreation activities. This waiver is made on my behalf and my spouse's behalf, and binds our heirs, executors and administrators.

In the event that I am injured and my spouse or other adult family member cannot be contacted, I authorize the Department to obtain any emergency medical services for me that are believed to be reasonably necessary. I agree to be legally responsible for the cost of such services.

I HAVE READ THIS AUTHORIZATION AND WAIVER AND SIGNED IT WITH A FULL UNDERSTANDING OF ITS TERMS.

_____	_____	_____
Volunteer Signature	Print Name	Date

In case of an emergency, contact:

_____	_____	_____
Name	Relationship	Contact Telephone Numbers

Eastmont Parks and Recreation
Youth Sports Coaches

CODE OF ETHICS

I will place the emotional and physical well-being of my players ahead of any personal desire to win.

I will remember to treat each player as an individual, remembering the large spread of emotional and physical development for the same age group.

I will do my best to provide a safe play situation for my players.

I will do my best to organize practices that are fun and challenging for all of my players.

I will lead, by example, in demonstrating fair play and sportsmanship to all of my players.

I will insure that I am knowledgeable in the rules of the sport that I coach, and that I will teach these rules to all of my players.

I will use those coaching techniques appropriate for each of the skills that I teach.

I will remember that I am a youth coach, and that the game is for children and not adults.

I have viewed the Concussion/Head Injury video and read the Eastmont Parks and Recreation Youth Basketball Rules/Handbook and Code of Ethics. I will follow the philosophies, rules, and regulations set forth in these documents.

_____
Print Name

_____
Signature **Date**

Notification and Authorization for
Background Investigation Disclosure Statement

In compliance with RCW 43.43.815 and RCW 43.43.830-845 the Eastmont Metropolitan Park District (EMPD) requires, all applicants who have been offered a position or a volunteer that may have unsupervised access to children less than sixteen years of age, to be around developmentally disabled persons, or to vulnerable adults, or have access to items of value are required to disclose the following information:

1.	Have you ever been convicted of any crime against children or other persons*? *Crime against children or other persons means a conviction of any of the following offenses: Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree assault of a child; first, second, or third degree rape; first, second, or third degree rape of a child; first of second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first of second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; endangerment with a controlled substance; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; first or second degree custodial sexual misconduct; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any of these crimes as they may be renamed in the future.	☐ Yes ☐ No
2.	Have you ever been convicted of crimes relating to financial exploitation where the victim was a vulnerable adult?	☐ Yes ☐ No
3.	Have you been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploiter any minor or to have physically abused any minor?	☐ Yes ☐ No
4.	Have you been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?	☐ Yes ☐ No
5.	Have you been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person, or to have abused or financially exploited a vulnerable adult?	☐ Yes ☐ No
6.	Have you been found by a court in a protection proceeding under Chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?	☐ Yes ☐ No

If the answer is Yes to any of the previous questions, please describe the location, date and facts of the conviction and make reference to the question being answered:

The EMPD shall make an inquiry to the Washington State Patrol regarding a person offered a position or a volunteer in which the position the person may have unsupervised access to children less than sixteen years of age, to be around developmentally disabled persons, or vulnerable adults or have access to items of value. Persons having a background check will receive the State Patrol's response within ten working days of receipt of this information by the EMPD. A copy of the response will be made available to the applicant.

Individuals offered positions and volunteers referenced in the EMPD Criminal Background Check Policy who have not lived in the state of Washington for the last five years will be required to have finger prints taken and submitted to the FBI.

I acknowledge that I have read the entire Notification and Authorization for Background Investigation Disclosure Statement, and I understand the requirements, and I grant permission to the EMPD to make an inquiry to the Washington State Patrol or FBI under the provisions of this law. Pursant to RCW 9A.72.085, I certify that under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Additionally, I hereby release the Eastmont Metropolitan Park District, its officers, employees and representatives from any and all liability for damages of whatever kind, which may at any time result to me as a result of the District's obtaining a copy of my criminal records from the Washington State Patrol. This release is executed with my full knowledge and understanding.

Applicant's Signature	Applicant's Legal Name (print) First, MI, Last
Date of Birth	Today's Date
Birth Place	Mailing Address, City, State, Zip

Sudden Cardiac Arrest

Information Sheet for

Student-Athletes, Coaches and Parents/Guardians

SSB 5083 ~ SCA Awareness Act

What is sudden cardiac arrest? Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop beating and the individual to collapse. SCA is the leading cause of death in the U.S. afflicting over 300,000 individuals per year.

SCA is also the leading cause of sudden death in young athletes during sports

What causes sudden cardiac arrest? SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited (genetic) and can develop as an adolescent or young adult. SCA is more likely during exercise or physical activity, placing student-athletes with undiagnosed heart conditions at greater risk. SCA also can occur from a direct blow to the chest by a firm projectile (baseball, softball, lacrosse ball, or hockey puck) or by chest contact from another player (called "commotio cordis").

While a heart condition may have no warning signs, some young athletes may have symptoms but neglect to tell an adult. If any of the following symptoms are present, a cardiac evaluation by a physician is recommended:

- Passing out during exercise
- Chest pain with exercise
- Excessive shortness of breath with exercise
- Palpitations (heart racing for no reason)
- Unexplained seizures
- A family member with early onset heart disease or sudden death from a heart condition before the age of 40

How to prevent and treat sudden cardiac arrest? Some heart conditions at risk for SCA can be detected by a thorough heart screening evaluation. However, all schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gasping). SCA can be effectively treated by immediate recognition, prompt CPR, and quick access to a defibrillator (AED). AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restore a normal heart rhythm.

Remember, to save a life: recognize SCA, call 9-1-1, begin CPR, and use an AED as soon as possible!

Cardiac 3-Minute Drill

1. RECOGNIZE
Sudden Cardiac Arrest

- Collapsed and unresponsive
- Abnormal breathing
- Seizure-like activity

2. CALL 9-1-1

- Call for help and for an AED

3. CPR

- Begin chest compressions
- Push hard/ push fast (100 per minute)

4. AED

- Use AED as soon as possible

5. CONTINUE CARE

- Continue CPR and AED until EMS arrives

Be Prepared! Every Second Counts!

UW Medicine
Center For Sports Cardiology
www.uwsportscardiology.org

WIAA Est. 1905
WASHINGTON INTERSCHOLASTIC ACTIVITIES ASSOCIATION

NICK OF TIME FOUNDATION
SCA Awareness
Youth Heart Screening
CPR/AED in Schools
www.nickoftimefoundation.org

I have viewed the video provided on the www.wiaa.com website about Sudden Cardiac Arrest? YES NO

Print Name Signature Date

CONCUSSION IN YOUTH SPORTS

Coach's Concussion Form

WHAT IS A CONCUSSION?

A concussion is a brain injury that is caused by a bump or blow to the head. It can change the way your brain normally works. It can occur during practices or games in any sport. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out. You can't see a concussion. Signs and symptoms of a concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

COACHES

What are the signs and symptoms of a concussion observed by Coaches?

If your athlete has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events prior to being hit or falling
- Can't recall events after being hit or falling

How can a coach help their athlete prevent a concussion?

Every sport is different, but there are steps your athletes can take to protect themselves from concussion.

- Ensure that they follow your rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

What should a Coach do if they think their athlete has a concussion?

- Talk with the parents and have them seek medical attention right away. A health care professional will be able to decide how serious the concussion is and when it is safe for their child to return to sports. Listen to the parents and their concerns about concussion or head injuries.
- Keep your athlete out of play. Concussions take time to heal. Don't let your athlete return to play until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
- Keep informed about any recent concussion in ANY sport or activity. You may not know about a concussion your athlete received in another sport or activity unless you are told by the parents.

I have viewed the video provided on the www.wiaa.com website about head injuries and concussions? YES NO

_____

Print Name Signature Date

IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.

For more detailed information on concussion and traumatic brain injury, visit:
http://www.cdc.gov/injury or www.cdc.gov/ConcussionInYouthSports

CODE OF CONDUCT

Players, Parents & Coaches

All participants need to abide by these basic behavior standards. We encourage parents or guardians to review and discuss the behavior standards with their children participating in our programs. Adult participants in our programs are held to the same standards. Your voluntary participation in our programs is your consent to follow these behavior standards and consequences.

- Every participant in the program is expected to **exercise respect.** This includes, but is not limited to: themselves, other participants, staff members, all people and places of business.
- Every participant in the program is expected to be an **active listener.**
- Every participant in the program is expected to **know and understand the rules** associated with the activity and follow them. Ask the staff member if you are unaware of the rules regarding the activity.
- Every participant in the program is expected to **cooperate** with program operations.
- Every participant in the program is expected to **communicate in an appropriate manner**. Harsh verbal words, tone of voice, foul language, sexually inappropriate behavior, or gestures will not be tolerated.
- Every participant in the program is expected to **express civil conduct**. If physical contact is made with another person it must be a welcome gesture and appropriate. Horseplay, unwelcome teasing, pushing, kicking, hitting or fighting, etc. will not be tolerated and may result in suspension or expulsion from the program.
- Participants have the right to participate in an environment where all participants can achieve their full potential without being impeded by discrimination or harassment based on race, religion, national origin, age, sex, marital status, political affiliation, veteran's status, disability, sexual orientation, or any other status protected by applicable federal, state or local nondiscrimination laws. Harassment may be verbal, visual or physical contact conduct.
- Every participant in the program is expected to exercise an **attitude that elicits good will** towards others and program activities.
- Every participant in the program is expected to promote and support a safe, fun and healthy environment through **productive participation**.

Consequences:

Any participant who engages in discriminatory, harassing, or otherwise objectionable behavior is subject to disciplinary action and removal from the program. When a participant's behavior, adult or child, is deemed inappropriate, they will be dealt with using the following steps.

1. If a participant displays inappropriate behavior, staff members will verbally request that the behavior be discontinued. If the participant is a child, and the behavior does not stop the staff will implement a time-out. Time-outs are given appropriate to the child's age, ability and the severity of the inappropriate behavior. If the child's behavior reoccurs or escalates, the parents will be notified immediately and the child will be removed from the program for that day.

2. If a participant's unacceptable behavior continues on a regular basis, staff members and the participant (and their parent if the participant is a minor) will meet. A written report will be filed, stating the inappropriate behaviors already demonstrated and the expected changes for the next program meeting date. It is also to be stated that one more incident of unacceptable behavior will result in the participants' removal from the program permanently, or for a specific period of time depending on the severity of the behavior. This report is signed by the participant, staff and parent if the participant is a minor. One copy will remain at the Parks and Recreation Department and the participant will retain another copy.
3. If, after the above procedures have been followed, inappropriate behaviors continue, the participant will be removed for the designated period of time, previously determined at the conference meeting. A parent will be contacted and requested to immediately remove the child from the program if the participant is a minor.

   **In extreme cases of unacceptable behavior that is physically threatening to other participants or staff, the Parks and Recreation Department reserves the right to immediately remove a participant from a program.

Coaches Name (Print):_____

Coaches Signature:_____ Date:_____