



TACKLE FOOTBALL

\$116

Sunday	6/1	Registration Opens
Sunday	6/22	Mandatory Coaches Meeting and Process Review 8pm
Saturday	7/26	Weigh Ins@ PSA 9am- 2pm
Monday	7/28	Returning Team Rosters Due
Saturday	8/9	Registration Closes
Sunday	8/10	Weigh Ins @ PSA 6pm-8pm
Saturday	8/16	Weigh Ins @ PSA 9am-2pm
Saturday	8/16	Flag Coaches Clinic 1-2pm
Saturday	8/16	Tackle Coaches Clinic 2pm-4pm
Monday	8/20	Flag Coaches Meeting 7:30pm
Wednesday	8/22	Tackle Coaches Meeting 7:30pm
Week of	8/24	Practices Start
Saturday	9/6	First Regular Season Game
Week of	10/27	Playoffs
Saturday	11/8	Super Bowl

Ball Carrying Weight Limits

Players over ball weight may still play, but they can not carry the ball

2nd Grade	75lbs or less
3rd Grade	85lbs or less
4th Grade	100lbs or less
5th Grade	115lbs or less
6th Grade	130lbs or less

Every Tackle Team Goes to Playoffs

Tackle Equipment List: **PSA does not provide equipment.** Players must have Football Helmet, Shoulder Pads, Practice Pants with Pads

ALL GAMES ARE AT HIGH POINT PARK





6500 Preston Meadow
 Plano, Tx 75024
 972-208-5437 fax 972-208-3801
www.psaplano.org





Coaches Application Background Check

SEASON/YEAR	SPORT	LEAGUE	GRADE	Team Name
** <u>Legal</u> First Name	Middle Initial	Maiden Name	** <u>Legal</u> Last Name	
Address	City & Zip Code	PLEASE PRINT CLEARLY TO AVOID ADDITIONAL CONTACT HAVING TO BE MADE TO VERIFY INFORMATION.		Are you registering current team? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone	Work or Cell Phone	E-mail Address		Would you like to coach a unassigned team? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Male <input type="checkbox"/> Female	**REQUIRED INFORMATION	**Drivers License # & State		**DOB / / (Month/Date/Year)
Have you ever been arrested or convicted of a Class B or above Misdemeanor or Felony? If so, what is the disposition of the case?	Have You Coached Before?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Organization
	<input type="checkbox"/> Head Coach <input type="checkbox"/> Asst. Coach		Team Names:	

CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK/AUTHORIZATION/WAIVER/INDEMNITY

I HEREBY GIVE MY PERMISSION IN EXCHANGE FOR GOOD AND VALUABLE CONSIDERATION FOR THE PLANO SPORTS AUTHORITY, INC. (PSA) TO OBTAIN INFORMATION RELATING TO MY CRIMINAL HISTORY RECORD. THE CRIMINAL HISTORY RECORD, AS RECEIVED FROM THE REPORTING AGENCY, MAY INCLUDE ARREST AND CONVICTION DATA AS WELL AS PLEA BARGAINS AND DEFERRED ADJUDICATIONS AND DELINQUENT CONDUCT COMMITTED AS A JUVENILE. I UNDERSTAND THAT THIS INFORMATION WILL BE USED, IN PART TO DETERMINE MY ELIGIBILITY FOR A VOLUNTEER POSITION WITH PLANO SPORTS AUTHORITY, INC. (PSA). I ALSO UNDERSTAND THAT AS LONG AS I REMAIN A VOLUNTEER HERE, THE CRIMINAL HISTORY RECORDS CHECK MAY BE REPEATED AT ANY TIME. I UNDERSTAND THAT I WILL HAVE AN OPPORTUNITY TO REVIEW THE CRIMINAL HISTORY AS RECEIVED BY PLANO SPORTS AUTHORITY, INC. (PSA) AND A PROCEDURE IS AVAILABLE IF I DISPUTE THE RECORD AS RECEIVED.

I, THE UNDERSIGNED, DO, FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, HEREBY REMISE, RELEASE AND FOREVER DISCHARGE AND AGREE TO INDEMNIFY AND DEFEND PLANO SPORTS AUTHORITY, INC. (PSA) AND EACH OF THEIR OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS AND AGENTS HARMLESS FROM AND AGAINST ANY AND ALL CAUSES OF ACTIONS, SUITS, LIABILITIES, COSTS, DEBTS AND SUMS OF MONEY, CLAIMS AND DEMANDS WHATSOEVER, INCLUDING CLAIMS FOR THE NEGLIGENCE, GROSS NEGLIGENCE, AND/OR STRICT LIABILITY OF PLANO SPORTS AUTHORITY, INC., AND ANY AND ALL RELATED ATTORNEYS' FEES, COURT COSTS, AND OTHER EXPENSES RESULTING FROM THE INVESTIGATION OF MY BACKGROUND IN CONNECTION WITH MY APPLICATION TO BECOME A VOLUNTEER MEMBER.

(Signature)	(Please Print Name)	Date
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PSA conducts background checks on all employees and volunteers.

Coaches' Code of Ethics

I will:

- Consider it a privilege to coach children.
- Remember I am a youth coach and that the game is for children and not adults.
- Consider it an obligation to be an example while developing character, integrity and honesty.
- Use positive coaching methods to make the experience enjoyable, increase self-esteem and foster a love and appreciation for the sport.
- Place the emotional and physical well being of my players ahead of any personal desire to win.
- Not direct comments or criticism relative to players' game performance.
- Remember to treat each player as an individual.
- Remember the large spread of emotional and physical development for the same age group.
- Provide a safe playing situation for my players.
- Organize practices that teach sports' skills for the players' age I coach.
- Use coaching techniques appropriate for each of the skills that I coach.
- Insure I know the rules of each sport I coach and teach these rules to my players and their parents.
- Lead, by example in demonstrating fair play and sportsmanship to all my players.
- Promote sportsmanship over gamesmanship following the sport's rules with no violation of them to win.
- Not abuse a player physically, verbally, emotionally or mentally.
- Not argue, threaten or demean a player, parents, coaches or officials.
- Not use foul and abusive language at any time in representing PSA.
- Control the emotions, ego, frustrations and displays of anger of myself, players and team parents.
- Not use alcohol, drug or tobacco related products in the presence of players, coaches, officials or volunteers.
- Report any conduct that has violated this code or is detrimental to the positive environment projected by PSA through youth sports.

As a PSA Coach,

- I agree to read the Rules, Policies & Procedures, follow the same and support the PSA sports program.

Safe Kids Program for PSA and the PSA StarCenter

PSA is committed to provide a safe environment and safe environment to prevent sexual misconduct. PSA is committed to:

- Provide a safe environment and to prevent child abuse and sexual misconduct
- Make every reasonable effort to ensure that every person involved in coaching a sport/activity will abide by the Safe Kids guidelines adopted by PSA
- Make every reasonable effort to exclude any adult with a legally documented history of child abuse/molestation or any other conviction or record that would bring unnecessary risk to the health and safety of the participants of our programs

PSA will:

- Take appropriate action on all allegations of child abuse and/or sexual misconduct
- Report all allegations immediately to the authorities for investigation
- Cooperate fully with any such investigation
- The following represents the preventive measures will taken by PSA regarding abuse:
- Physical, emotional, mental, and verbal abuse of any of the participants, coaches, managers, employees, volunteers involved in PSA sponsored activities is not permitted
- Inappropriate touching of any kind is forbidden
- PSA agrees to provide more than one adult working at or overseeing every activity and seek to avoid one-on-one situations. If a child needs special attention (one-on-one training or an individual meeting), it will be handled with the assistance or presence of another adult
- Coaches, volunteers and paid staff should never ride alone with a child or participant in a car. Procedures will be established for coaches, volunteers and paid staff to follow in the event a participant is stranded at a PSA sponsored activity
- Parents are encouraged to attend all PSA sponsored activities
- PSA will review and update these procedures with all coaches, volunteers and paid staff who work with children
- PSA will maintain a list of employees who have reviewed these procedures
- PSA will conduct background checks on volunteer sports' directors; league coaches and coaches

(Signature)

(Sport/TeamName/League)

Date



Plano Sports Authority Football Team Roster

INITIAL PAYMENT INFORMATION (PSA USE ONLY)		
RECEIPT NUMBER	TOTAL AMOUNT	
NO. OF PLAYERS PAID	DATE	INITIAL

PLEASE TYPE OR PRINT CLEARLY

SEASON/YEAR	SPORT	LEAGUE	GRADE	TEAM NAME (COACHES LAST NAME)		
COACHES' NAME		ADDRESS	PHONE NUMBERS	E-MAIL ADDRESS		
HEAD COACH			HOME	E-MAIL		
			WORK or CELL	ADD'T'L E-MAIL		
ASST. COACH			HOME	E-MAIL		
			WORK or CELL	ADD'T'L E-MAIL		
PLAYER'S NAME		ADDRESS	PHONE NUMBERS	E-MAIL & SCHOOL INFORMATION		
1			HOME	E-MAIL		
			WORK or CELL	SCHOOL	GRADE	D-O-B
2			HOME	E-MAIL		
			WORK or CELL	SCHOOL	GRADE	D-O-B
3			HOME	E-MAIL		
			WORK or CELL	SCHOOL	GRADE	D-O-B
4			HOME	E-MAIL		
			WORK or CELL	SCHOOL	GRADE	D-O-B
5			HOME	E-MAIL		
			WORK or CELL	SCHOOL	GRADE	D-O-B
6			HOME	E-MAIL		
			WORK or CELL	SCHOOL	GRADE	D-O-B
7			HOME	E-MAIL		
			WORK or CELL	SCHOOL	GRADE	D-O-B
8			HOME	E-MAIL		
			WORK or CELL	SCHOOL	GRADE	D-O-B
9			HOME	E-MAIL		
			WORK or CELL	SCHOOL	GRADE	D-O-B
10			HOME	E-MAIL		
			WORK or CELL	SCHOOL	GRADE	D-O-B
11			HOME	E-MAIL		
			WORK or CELL	SCHOOL	GRADE	D-O-B
12			HOME	E-MAIL		
			WORK or CELL	SCHOOL	GRADE	D-O-B
13			HOME	E-MAIL		
			WORK or CELL	SCHOOL	GRADE	D-O-B
14			HOME	E-MAIL		
			WORK or CELL	SCHOOL	GRADE	D-O-B



Plano Sports Authority All-In-One Registration

I, the player's parent/guardian, understand the nature of sports and this player's experience. This player is in good health and in proper physical condition to participate in sports activities. I release, discharge, covenant not to sue, and agree to indemnify, save, and hold harmless PSA from all liability claims, demands, losses or damages on this player's account caused or alleged to be caused in whole or in part by the negligence of PSA or otherwise. I further agree that if, despite this release, I, the player, or anyone on the player's behalf makes a claim against PSA, I will indemnify, save, and hold harmless PSA from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as a result of any such claim.

PLEASE TYPE OR PRINT CLEARLY. INFORMATION MUST CORRESPOND TO THE PLAYER'S LINE NUMBER ON THE ROSTER

	GUARDIAN 1 NAME	PARENT/GUARDIAN SIGNATURE (ONLY ONE SIGNATURE REQUIRED)	Method of Payment				Driver's License or Credit Card Number	CVV #	Check # or Credit Card Expiration Date
	GUARDIAN 2 NAME		Cash	CHK	MC	VISA			Name of Card Holder
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									

Returned Checks are Subject to a \$30.00 Fee.



Plano Sports Authority Football Team Roster

PLEASE TYPE OR PRINT CLEARLY

SEASON/YEAR	SPORT	LEAGUE	GRADE	TEAM NAME (COACHES LAST NAME)
15			HOME	Email
			WORK or CELL	SCHOOL
16			HOME	Email
			WORK or CELL	School
17			HOME	Email
			WORK or CELL	School
18			HOME	Email
			WORK or CELL	School
19			HOME	Email
			WORK or CELL	School
20			HOME	Email
			WORK or CELL L	School

PLEASE TYPE OR PRINT CLEARLY. INFORMATION MUST CORRESPOND TO THE PLAYER'S LINE NUMBER ON THE ROSTER

	GUARDIAN 1 NAME	PARENT/GUARDIAN SIGNATURE (ONLY ONE SIGNATURE REQUIRED)	Method of Payment				Driver's License or Credit Card Number	CVV#	Check # or Credit Card Expiration Date
	GUARDIAN 2 NAME		Cash	CHK	MC	VISA			Name of Card Holder
15									
16									
17									
18									
19									
20									

I, the player's parent/guardian, understand the nature of sports and this player's experience. This player is in good health and in proper physical condition to participate in sports activities. I release, discharge, covenant not to sue, and agree to indemnify, save, and hold harmless PSA from all liability claims, demands, losses or damages on this player's account caused or alleged to be caused in whole or in part by the negligence of PSA or otherwise. I further agree that if, despite this release, I, the player, or anyone on the player's behalf makes a claim against PSA, I will indemnify, save, and hold harmless PSA from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as a result of any such claim.