



Central Jersey Cardinals  
**COACHES** REGISTRATION FORM  
FOR YEAR 2010



**FILL OUT ALL INFORMATION LEGIBLY AND ACCURATELY**

(This is the information we need to reach you and to register you for NCAA Tournaments and Events)

Coaches Full Name	
Street Address	
City, State Zip	
Email Address	
Phone Number	
Cell Number	
Social Security Number	
Date of Birth	
AAU Membership Number Expiration Date	AAU Membership Number: _____ Expiration Date: _____
NCAA Coaches Approval Number Registration Process and Requirements	Recently, the NCAA made it mandatory that all individuals that engage in coaching activities at an NCAA certified event must be approved prior to participation through the NCAA Coaches Approval Program. To obtain a NCAA Coaches Approval Number please click on the below link and follow the application process  <a href="https://screening.lexisnexis.com/EventCheck/ncaa/">https://screening.lexisnexis.com/EventCheck/ncaa/</a>  Coaches Approval Number: _____ Expiration Date: _____

# “COACHES’ CODE OF ETHICS”

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

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

I will take reasonable measures to honor all commitments to athletes.

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

I will promise to review and practice the basic first aid principles needed to treat injuries of my players

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

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

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.

Will be knowledgeable in the rules of girls’ basketball and I will teach these rules to 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 sports coach, and that the game is for children and not for adults.

Age Group \_\_\_\_\_

Club # \_\_\_\_\_

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

Head Coach - Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

This form must be notarized

Notary Signature

Asst. Coaches Names and Signatures on back  
(1 Form per Team)