

# Falcon Basketball Association



## COACH PACKET

Volunteer coaches,

We would like to thank you for volunteering to coach our future Foley basketball players. In helping out, you are playing a vital role in providing opportunities to participate in an organized, competitive basketball focused on skill development and teamwork while representing Foley in a positive fashion.

All of the following information is located on the FBA website:

[www.foleyfba.org](http://www.foleyfba.org)

This packet contains important information that will help you keep organized and what forms go to players and coaches

### For each player:

- A Player registration form
- Parent/Player Code of Conduct
- Player signature Insurance waiver

### For Coach:

- Coaches Code of Conduct and Background check form.
- Process for signing up for basketball tournaments
- FBA Travel team Rules and Regulations
- Foley Tourney Flyer (Fill out and turn in)
- Rules for Foley Tourneys
- Concussion training notice

Falcon Basketball Association  
P.O. Box 483  
Foley, MN 56329

Darin Peschl	Ph: 320-291-2696
Trevor Duevel	Ph: 320-493-0580
Email: <a href="mailto:foleyfba@yahoo.com">foleyfba@yahoo.com</a>	

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## Foley Basketball Shirts for new coaches

If you are a volunteer head coach you will receive a shirt for the season. You will receive a Foley Basketball shirt. One assistant coach is eligible for a shirt also. Please fill out the attached order form with name and shirt size.

Coach's Name \_\_\_\_\_ Team \_\_\_\_\_

Size            S            M            L            XL            XXL

Asst. Coach's Name \_\_\_\_\_ Team \_\_\_\_\_

Size            S            M            L            XL            XXL

# Travel Team Coaches Expectations



**Coaches are expected to abide by the following guidelines and expectations:**

1. Must attend FBA meetings on the last Sunday of each month.
2. I will hold mandatory coach meetings for questions and answers at the beginning of the season.
3. When assigned a team, notify players and parents who are your team roster.
4. I will show good sportsmanship at all times.
5. I will encourage all players to play to the best of their ability.
6. I will provide supervision and discipline in the gyms at all times.
7. I will follow and respect the direction of the FBA board of directors.
8. I will provide a positive learning environment for all players.
9. I will do my best to make basketball a fun experience for the team.
10. In the event of a conflict I will wait 24 hours before discussion with the FBA board members.
11. I will place the emotional and physical well being of any player ahead of any personal desire to win.
12. We strongly encourage discussion: players to coach, parent to coach, parent to FBA board meeting.

\_\_\_\_\_

Coach Signature Date

Print First & Last Name here \_\_\_\_\_

Contact information: Home # \_\_\_\_\_ Cell # \_\_\_\_\_

e-mail \_\_\_\_\_

**FALCON BASKETBALL ASSOCIATION**

**COACHES BACKGROUND CHECK AUTHORIZATION**

Date\_\_\_\_\_

Full Name\_\_\_\_\_

                    Last                                    First                                    Middle

Maiden, Alias or Former names\_\_\_\_\_

Date of Birth\_\_\_\_\_

You are Hereby notified that the Falcon Basketball Association will request the Superintendent of the Bureau of Criminal Apprehension to perform a background check on you under Minnesota Statute 299C.62, in conjunction with your application to coach youth basketball. **All arrests and convictions within the State of Minnesota will be reported.**

You are also notified that you have the following rights:

The right to be informed that the Falcon Basketball Association, which is a children’s service provider, will request a background check on you for purposes of your application to be employed by, or volunteer with the Falcon Basketball Association of the Superintendent’s response to determine whether you have been convicted of a “background check crime”, as defined below.

1. The right to be informed by the Falcon Basketball Association of the response to the background check and to obtain from Falcon Basketball Association a copy of the background check report.
2. The right to obtain any record from the Superintendent that forms the basis for the report.
3. The right to challenge the accuracy and completeness of any information contained on the report or record pursuant to Minn. Statute 13.04, subd. 4.
4. The right to be informed by the Falcon Basketball Association if your application to be employed by or volunteer with Falcon Basketball Association has been denied.
5. The right not to be required directly or indirectly to pay the cost of the background check.

**Have you ever been convicted of any of the following “background check crimes”**

**Child abuse, Murder, Manslaughter, Felony level Assault or any Assault crime committed against a minor, Kidnapping, Arson, Criminal Sexual Conduct or Prostitution related crime.**

**Yes No (circle one)**

**AUTHORIZATION** I acknowledge that I have received and read the notice of my rights, set forth above, and hereby authorize the Bureau of Criminal Apprehension to disclose a background check report to Falcon Basketball Association, in conjunction with my application to coach youth basketball. This authorization shall be valid for one year from the date of my signature.

Signature\_\_\_\_\_

# Falcon Basketball Association



## Procedure for Tournament Sign-up

Each 5-8th grade team is allowed up to \$1000 for tournaments during the current basketball season. Anything over \$1000 limit will need to be presented to board for consideration.

Follow these procedures when signing up for tournaments:

1. Find tournaments of interest:
  - The FBA website has a list of tournaments with links to forms for printing. ([www.foleyfba.org](http://www.foleyfba.org))
  - MYAS Basketball Invitational Tournament Book (available from FBA)
  - Pacesetter Sports ([www.psmbbn.com](http://www.psmbbn.com))
  - Web searches
2. Print off copy of flyer for tournament and complete registration.
3. Give a copy of completed form to Dana Dusharm and she will mail in the registration and entry fee. (give in person, email, or mail)
4. Keep one copy for yourself for reference.
5. If you have not heard from tournament director about your registration, contact them directly to make sure you are registered.

Without Tournament registration form, we will be unable to write the check.

To Contact Dana: Email: [dusharm5@jetup.net](mailto:dusharm5@jetup.net) Phone: 320-217-4450

**Each Foley team will receive FREE entry into all Foley tournaments.** This does not deduct from your allowance for other tournaments. Fill out Foley Tourney Registration form and send it in to confirm your team is playing in any one of the Foley tournaments.

Dates of 2018 Foley Tournaments:

5-8<sup>th</sup> grade GIRLS – Saturday, January 13

5-8<sup>th</sup> grade BOYS – Sunday, January 14

5-6<sup>th</sup> grade BOYS & GIRLS – Saturday, February 17

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# Falcon Basketball Association



## What is a Concussion?

**By new MN state statute all coaches and official of athletics of any kids under the age of 18 are required by law to complete certified concussion training. This includes all persons coaching an FBA travel team.**

A concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head that can change the way your brain normally works. Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be mild bump or blow to the head can be serious.

Concussions can occur in *any* sport or recreation activity. So, all coaches, parents, and athletes need to learn concussion signs and symptoms and what to do if a concussion occurs.

If you have been working with Foley Public Schools or Community Education, indicate on bottom of page that you have already taken the class.

The following link will take you to the online concussion training in youth sports.

[http://www.cdc.gov/concussion/headsup/online\\_training.html](http://www.cdc.gov/concussion/headsup/online_training.html)

Once the class is completed, email or give a hard copy to Dan Wennerberg for confirmation of taking the training



Coaches name \_\_\_\_\_

Date test taken \_\_\_\_\_

Taken training previously and on file with Foley Public Schools \_\_\_\_yes \_\_\_\_no

Signature \_\_\_\_\_