

FORM C
R&L FUSION PRACTICE SCHEDULE

DATE: _____

ABSENCES: _____

INJURIES: _____

ANNOUNCEMENTS: _____

PRACTICE GOALS:

SKILLS TO COVER:

TENTATIVE PRACTICE SCHEDULE:

| TIME | DRILL/EXPLANATION | NOTES: |
|------|-------------------|--------|
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Form E

R&L Fusion Use for District or State

Richey Schools— PO Box 60, Richey, MT 59259---773-5523; fax 773-5554

Lambert Schools—PO Box 260, Lambert, MT 59243—774-3333; fax 774-3335

TRAVEL ITINERARY

GROUP _____

COACH _____ **CELL #:** _____

PURPOSE OF TRAVEL _____

DESTINATION _____

TRANSPORTATION VIA _____
(AD will complete)

LODGING AT _____ **PHONE:** _____
(AD will complete) (AD will complete)

TENTATIVE ACTIVITY SCHEDULE:

DAY 1:

DAY 2:

DAY 3:

DAY 4:

DAY 5:

(This itinerary will be used to help generate a final itinerary, which will be available to coaches, participants, parents, and the schools)

Form G

R&L Fusion

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Required Meeting Reimbursement Request

On _____ I attended the

(type of meeting)

in _____.

(location)

I traveled _____ miles @ _____ per mile to equal \$ _____.

(State mileage rate) (Total amount)

(Signature) (Date)

Form H

R&L Fusion

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MCA OR OTHER APPROVED COACHING CLINIC NOTICE

(must turn in notice 1 month prior to clinic attending, if possible)

I plan to attend the _____ clinic in _____
(name of clinic) (located where?)

on _____. I understand arrangements will be made by the
(dates)

AD's, the co-op secretary, and the co-op clerk.

(Signature) (Date)

Form I

R&L Fusion

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Lambert Schools—PO Box 260, Lambert, MT 59243—774-3333; fax 774-3335

TEAM RECORD AND SEASON SUMMARY

SPORT: _____ **LEVEL:** _____ **SCHOOL YR:** _____

Head Coach:

Assistant Coach:

Conference Record:

Season Record:

Dist. Place:

Div. Place:

State Place:

RECORD OF GAMES PLAYED:

| Opponent | R&L Score | Opp Score | W/L | Opponent | R&L Score | Opp Score | W/L |
|----------|-----------|-----------|-----|----------|-----------|-----------|-----|
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|------------|----------------|----------------|----------------|
| Tournament | Opponent/Score | Opponent/Score | Opponent/Score |
|------------|----------------|----------------|----------------|

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|---------------------|--|--|--|
| District/Playoffs | | | |
| Divisional/Playoffs | | | |
| State | | | |

Form I Continued

Brief description of season; team and individual accomplishments, etc

Individual Awards or Accomplishments (All Conference, Tourney Team, All State, School Record, etc:

(Head Coach)

Form I Continued: Fusion End of Season Award Winners/Order Form:

| Player | YR | Certificate ? | Letter ? | Ball ? | Special Award |
|--------|----|---------------|----------|--------|---------------|
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Manager/Other: _____

All participants receive a participation certificate. Letter winners are awarded according to the standards in the Coaching Handbook. First time letter winners receive a "letter" along with a ball. Second, third, and fourth time letter winners receive a bar only. Special awards are given at the varsity level according to the guidelines in the Coaching Handbook, with the exception of the Ryan Evenson Memorial "Lionheart" award, given to a JH football player and chosen by the JH football coaches.

Form K

R&L Fusion

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COACHES' REQUEST FOR SUPPLIES/EQUIPMENT

ORDER FROM: _____ (Name of company or supplier)

_____ (Address)

_____ (City, State, zip)

_____ (phone)

_____ (fax)

PLEASE ATTACH THE CATALOG AND/OR INTER-NET PRINTOUT FOR ORDER PURPOSES.

COACH REQUESTING: _____

DATE SUBMITTED TO AD: _____

PLEASE ORDER THE FOLLOWING ITEMS FOR _____
(Name of program)

| Item Number | Description | Quantity | Unit cost | Total |
|-------------|-------------|----------|-----------|-------|
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Total Request _____

Form L

R & L Fusion

Richey Schools— PO Box 60, Richey, MT 59259---773-5523; fax 773-5554

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FUSION FOOTBALL WARNING/HELMET DISCLAIMER

Football helmets are designed to offer some protection to the players' head—not the neck and the spine.

A football helmet is not designed to protect the neck—a helmet cannot prevent cervical dislocation or fracture resulting in spinal cord injury or quadriplegia.

A football helmet cannot prevent closed head or brain injuries including concussion that might occur as a result of participating in the game of football.

A football helmet cannot prevent or eliminate the risk of sustaining a concussion.

Players are not to return to play after suffering a head or brain injury without a doctor's written permission to do so.

Football is a dangerous sport. Injuries may occur as a result of intentional or accidental contact while participating in football. Even if you follow the rules, there is a chance that you can still be injured. NEVER use the helmet or the facemask as a point of contact. Each time you step onto the field there is a chance that you may be seriously injured. Injuries may include a broken bone or more serious injuries to the brain or cervical spine which could render you paralyzed or even result in death.

I have read the above warnings and accept the risks involved with my participation in football for Lambert and Richey schools.

Football Helmet Number

(Participant) (date)

I have read the above warnings and accept the risks involved for my student's participation in football for Lambert and Richey schools.

(Participant's parent/guardian) (date)

Form M

R&L Fusion

Richey Schools— PO Box 60, Richey, MT 59259---773-5523; fax 773-5554

Lambert Schools—PO Box 260, Lambert, MT 59243—774-3333; fax 774-3335

UNIFORM CHECKOUT

| Player | Jersey # | Short Size | Other |
|--------|----------|------------|-------|
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Form N

R&L Fusion

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UNIFORM/EQUIPMENT INVENTORY

PROGRAM: _____

| Quantity | Item Description | Item # | New Cost | Replacement Cost Each | Total Replacement Cost |
|----------|------------------|--------|----------|-----------------------|------------------------|
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Form O

R&L Fusion

Richey Schools— PO Box 60, Richey, MT 59259---773-5523; fax 773-5554

Lambert Schools—PO Box 260, Lambert, MT 59243—774-3333; fax 774-3335

REQUEST FOR SCHOOL TRANSPORTATION

GROUP REQUESTING TRANSPORTATION?

COACH IN CHARGE?

ACTIVITY?

WHERE?

DATE?

TIME YOU NEED TO ARRIVE?

APPROXIMATE CONCLUSION OF ACTIVITY?

NUMBER OF PEOPLE NEEDING TRANSPORTATION?

VAN OR BUS PREFERENCE?

ANY OTHER SPECIAL NEEDS/INSTRUCTIONS?

(To be completed by AD)

Transportation secured on .

_____ Bus (WHO?) _____ Van

_____ How many vans?

_____ Will be using trailer

Departure time: _____ Approximate arrival home time: _____

R&L Fusion HEAD Coaches' End-of-Season Assessment: Form P

| Name of Coach | Sport Assignment | Level |
|---------------|------------------|-------|
|---------------|------------------|-------|

Date: _____

****Coach is complete based on self assessment of his/her performance, indicating mark with an "O"**
****A.D. will mark Coaches' Assessment with an "X". Upon completion, both parties will collaborate and discuss the season, the coaches' performance, both assessments, suggestions for improvement, and ideas for the future.**

| | | |
|----|---------------------|--------------------------|
| NA | Critical Problem | No Improvement Needed |
|----|---------------------|--------------------------|

I. Professional and Personal Relationships:

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| 1.1 Cooperation with AD's in regard to submitting participant lists, parent permission and physical slips, concussion checklist, year-end reports, program information relative to your sport. | 1 | 2 | 3 | 4 | 5 |
| 1.2 Rapport with the athletic coaching staff. | 1 | 2 | 3 | 4 | 5 |
| 1.3 Appropriate dress at practices and games. | 1 | 2 | 3 | 4 | 5 |
| 1.4 Participation in a reasonable number of professional in-service meetings and/or workshops. | 1 | 2 | 3 | 4 | 5 |
| 1.5 Public relations: Cooperation with newspapers, radio, T.V., Booster Clubs, parents and interested spectators. | 1 | 2 | 3 | 4 | 5 |
| 1.6 Understanding and cooperation with rules and regulations as set forth by all governing agencies of your sport (Co-op, schools, MHSAA, District, Division) | 1 | 2 | 3 | 4 | 5 |
| 1.7 Preparation and attendance at Parent's night, banquets, pep assemblies, letters to colleges regarding players, and encouragement of students to enter sports for the benefits that can be obtained from participation. | 1 | 2 | 3 | 4 | 5 |
| 1.8 Sideline conduct at games toward players, officials, and other workers. | 1 | 2 | 3 | 4 | 5 |
| 1.9 Works cooperatively with co-op clerk & secretary in regard to paperwork, contracts, PO's, ordering, & other related items. | 1 | 2 | 3 | 4 | 5 |

II. Coaching Performance:

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| 2.1 Develops respect by example in appearance, manners, behavior, language, interest. | 1 | 2 | 3 | 4 | 5 |
| 2.2 Supervision and administration of locker and training rooms. | 1 | 2 | 3 | 4 | 5 |
| 2.3 Is well versed and knowledgeable in matters pertaining to sport. | 1 | 2 | 3 | 4 | 5 |
| 2.4 Has individual and team discipline and control. | 1 | 2 | 3 | 4 | 5 |
| 2.5 Prepares for daily practices with staff so maximum instruction is presented utilizing all opportunities for instruction and plans for contests (written practice plans). | 1 | 2 | 3 | 4 | 5 |
| 2.5 Is organized. | 1 | 2 | 3 | 4 | 5 |
| 2.6 Provides for individual as well as group instruction. | 1 | 2 | 3 | 4 | 5 |
| 2.7 Helps other coaches become better coaches. | 1 | 2 | 3 | 4 | 5 |
| 2.8 Develops integrity within the coaching staffs and among fellow coaches. | 1 | 2 | 3 | 4 | 5 |
| 2.9 Is fair, understanding, tolerant, sympathetic and patient with team members. | 1 | 2 | 3 | 4 | 5 |
| 2.10 Is innovative using new coaching techniques and ideas; in addition to using sound, already proven methods of coaching. | 1 | 2 | 3 | 4 | 5 |
| 2.11 Is prompt in meeting team for practices and games. | 1 | 2 | 3 | 4 | 5 |
| 2.12 Shows an interest in athletes in off-season activities and classroom efforts. | 1 | 2 | 3 | 4 | 5 |
| 2.13 Provides leadership and attitudes that produce winners and winning efforts by participants. | 1 | 2 | 3 | 4 | 5 |

III. Related Coaching Responsibilities:

| | | | | | |
|--------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| 3.1 Maintains safety, treats injuries, follows guidelines for return-to-play, has a current First Aide Card. | 1 | 2 | 3 | 4 | 5 |
| 3.2 Care of equipment/uniforms, including issuing, inventory and storage. | 1 | 2 | 3 | 4 | 5 |

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| 3.3 Is cooperative in pre-season preparation, including putting out player/parent letter, holding a pre-season meeting, and the like. | 1 | 2 | 3 | 4 | 5 |
| 3.4 Is cooperative in sharing the use of facilities. | 1 | 2 | 3 | 4 | 5 |
| 3.5 Understands place in the line of authority in relationship to: 1. Head Coach--Athletic Director. 2. Head Coach--Assistant Coach. | 1 | 2 | 3 | 4 | 5 |
| 3.6 Shows self-control and poise in all areas related to coaching responsibilities. | 1 | 2 | 3 | 4 | 5 |
| 3.7 Displays enthusiasm and vitality in assignment as a coach. | 1 | 2 | 3 | 4 | 5 |
| 3.8 Keeps Athletic Director informed events within the sport activity. | 1 | 2 | 3 | 4 | 5 |

IV. Overall development of Players, Team(s), and Program:

| | | | | | |
|---------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| 4.1 Develops positive attitudes and sportsmanship in players | 1 | 2 | 3 | 4 | 5 |
| 4.2 Works to develop and/or maintain rapport with and among players | 1 | 2 | 3 | 4 | 5 |
| 4.3 Works to properly prepare athletes and team for competition | 1 | 2 | 3 | 4 | 5 |
| 4.4 Maintains a competitive performance standard. | 1 | 2 | 3 | 4 | 5 |
| 4.5 Sets goals for program development and works to develop and/or maintain program for longevity and success | 1 | 2 | 3 | 4 | 5 |
| 4.6 Shows a willingness to establish goals for each season and to evaluate whether those goals have been met. | 1 | 2 | 3 | 4 | 5 |

OVERALL POSITIVE COMMENTS:

AREAS TO WORK TO IMPROVE:

(FORM Q)

R&L Fusion

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END OF THE SEASON HEAD COACH'S CHECKOUT LIST

Be sure to complete the following tasks. Remember these must be taken care of 3 weeks after your season has concluded. Responsibility to completing these tasks well and on time will be reflected in your coach's evaluation. You will not receive your full coaching stipend until this has been completed and signed off on.

COACH'S NAME: _____

SPORT COACHED: _____ LEVEL: _____

DATE TURNED IN TO AD: _____

_____ Collect and properly store cleaned uniforms. **FORM M**

_____ Collect and properly store any equipment used.

_____ Update uniform and equipment inventory. **FORM M, N**

_____ Turn in season summary and scorebook to AD. **FORM I**

_____ If applicable, have a post-season meeting with participants.

_____ Determine awards and order them through AD (to include participation certificates as well). **FORM I**

_____ Determine equipment and supply needs, and order them through AD. **FORM K**

_____ Turn in all other requests—scouting mileage, etc. **VARIOUS FORMS**

_____ Receive evaluation feedback and copy of evaluation from AD. **FORM P**

COACH'S SIGNATURE: _____

AD'S SIGNATURE: _____

R & L Fusion PASSENGER MANIFEST

A complete passenger list must be completed prior to departure to any away games. The list must include **ALL** passengers including the coaches and managers. This list shall also serve as the parent sign-out in the event a parent gives permission for their student to travel home by other means than the provided school transportation. The parent must provide their signature in the appropriate area by their student's name and when doing so, releases the co-op and both schools from the responsibility and liability of that student.

Coach completing this form: _____

Date _____ Event _____ Total Passengers _____

| PASSENGER | CONTACT PHONE # | PARENT RELEASE SIGNATURE** |
|-----------|-----------------|----------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |
| 7. | _____ | _____ |
| 8. | _____ | _____ |
| 9. | _____ | _____ |
| 10. | _____ | _____ |
| 11. | _____ | _____ |
| 12. | _____ | _____ |
| 13. | _____ | _____ |
| 14. | _____ | _____ |
| 15. | _____ | _____ |
| 16. | _____ | _____ |
| 17. | _____ | _____ |
| 18. | _____ | _____ |
| 19. | _____ | _____ |
| 20. | _____ | _____ |

**Signature reinforces the following disclaimer: I release Lambert Public Schools and Richey Public Schools and their coaching staff from any liability resulting in my taking my athlete into my custody following participations event referred to on this document.

Fusion Athletics Comment Form

In an effort to provide continual improvement to the Richey/Lambert athletic cooperative the Co-op board has developed a policy and form for parents and/or student athletes to comment on the athletic program. The procedure of completing the form and submitting are as follows.

1. Comment period ends two weeks after the last game played by the Fusion for that sport.
2. Concerns must be discussed with the coach and Athletic Director before submitting comment form.
3. Comment form will not contain any derogatory language about any individuals and should provide constructive information.
4. Comment form must be signed and dated. Unsigned forms will not be considered.
5. Comments may or may not be utilized by the Co-op staff and board.

Comment Form for Co-op Athletics

Sport _____ Coach(es) _____

1. Some of the positive aspects I observed about the coach(es) for this sport was:

2. Some of the concerns I would like the Athletic Directors, Administrators, and Co-op Board to consider about the coach(es) of this program are as follows:

I _____ have followed the proper chain of command and have discussed my concerns with the coach(es) for this sport and the Athletic Directors and realize this comment form is a tool to help improve the Athletic Co-op and may or may not be utilized by the Co-op staff and board.

Signature Date

Coach's Handbook Statement of Understanding

The R&L Fusion Coach's Handbook and Policy and Procedure Manual describe important information about the Richey/Lambert Athletic Co-op and I understand that I should consult the Superintendents regarding any questions not answered in the handbook. I have entered into my employment relationship with Richey and Lambert schools voluntarily and acknowledge that the specified length of my employment is stated in the signed contract.

Since the information, policies, and benefits described here are necessarily subject to change, I acknowledge that revisions to the handbook and policy and procedure manual may occur. All such changes will be communicated through official notices and I understand that revised information may supersede, modify, or eliminate existing policies. Only the school boards of Richey and Lambert have the ability to adopt and revisions to the policies in this handbook.

Furthermore, I acknowledge that this handbook and policy and procedure manual are neither a contract of employment nor a legal document. I have received the handbook and policy and procedure manual and understand that it is my responsibility to read and comply with the policies contained in these documents and any revisions made to it.

EMPLOYEE'S NAME: (printed): _____

EMPLOYEE'S SIGNATURE: _____

DATE: _____

- applies to individuals attending any events on district property, whether or not district sponsored, and to any school sponsored events regardless of locations.

Definitions:

- Sexual harassment is generally defined as unwelcome sexual advances, requests for favors and other verbal, physical, and/or visual contact of a sexual nature when:
 - Submission is made either explicitly or implicitly a term or condition of an individual's employment or education;
 - Submission to or rejection of that conduct or communication by an individual is used as a factor in decisions affecting that individual's employment or education
 - That conduct or communication has the purpose or effect of substantially or unreasonably interfering with an individual's employment or education
- Creating an intimidating, hostile or offensive employment or educational environment:
 - unwelcome sexually-oriented jokes, innuendoes, obscenities, pictures/posters or any action with sexual connotation makes a student or employee feel uncomfortable; or
- An aggressive, harassing behavior in the work place or school that affects working or learning, whether or not sexual in connotation, is directed toward an individual based on their sex.

Student and parent/legal guardian due process: If a determination is made that a student has violated this policy, the student and parent/guardian shall be notified of the violation by telephone and mail. Also at this time, the student and parent or guardian shall be notified of the type of discipline that will be administered or recommended to the Co-op Committee.

Any parent or legal guardian and student who are aggrieved by the imposition of any action (other than a recommendation for exclusion from an activity) shall have the right to an informal conference with the principal, for the purpose of resolving the grievance. At such a conference, the student and the parent shall be subject to questioning by the principal, and shall be entitled to question staff involved in the matter being grieved.

If the discipline involves a high school student and the recommended discipline is exclusion from participation in extra- and/or co-curricular activities for a period in excess of ten (10) days, the parent and student will be notified of the date and time the Committee and Boards will consider the recommendation. Only the Boards can exclude a high school student from participation in extra- and/or co-curricular activities.

(FORM P continued)

R&L Fusion

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R&L FUSION ASSISTANT COACH EVALUATION

NAME:

SPORT:

DATE:

This instrument will evaluate the performance and proficiency of the coach and will focus on helping professional growth.

| | SATISFACTORY | NEEDS IMPROVEMENT | NOT ACCEPTABLE |
|------------------------------------|--------------|-------------------|----------------|
| Supports head coach | | | |
| Implements program of head coach | | | |
| Contributes to planning | | | |
| Knowledge of the sport | | | |
| Rapport with the staff | | | |
| Teaching, coaching skills | | | |
| Positive role model; sportsmanship | | | |
| Follows rules (school & MHSA) | | | |
| Rapport with players & parents | | | |
| Safety, care of injuries | | | |
| Care of equipment | | | |
| Ability to motivate | | | |

| | | | |
|---------------------------------|--|--|--|
| Assists with supervision | | | |
| Promptness/dependability | | | |
| | | | |
| | | | |

Head Coach's Comments:

Activities Director's Comments:

Signatures: Coach: _____ Date: _____

Head Coach: _____ Date: _____

Activities Director: _____ Date: _____

