

Setting Up the Junior Coach (JC) Program

The youth-led Junior Coach Program is the bridge that takes all of the tools adults know about creating safe and inclusive spaces and passes them onto the youth. Youth have less life experience, but they often have deeper insights into the needs and the happenings on the playground.

Your Recess Team will provide guidance and support to Junior Coaches that will help them with their own personal development, increased ownership over the playground, and an understanding that they often have the answers, or know how to find the answers to problems, on their own. Providing Junior Coaches with ongoing training and a clear, meaningful incentive system will give them the necessary tools to develop the confidence and knowledge they need to take ownership over the playground.

JC Program Goals

- Shared Leadership between Youth Leaders and Recess Staff: Recess Staff and Junior Coaches both feel a sense of ownership of recess objectives and work together to achieve these objectives.
- Leadership Skill Development: Recess Team continuously works with students to develop their leadership skills. The skills are utilized first at recess and then move into the classroom and the school.

JC Selection and Application

- Students are usually in the 4th or 5th grade, and serve for the entire year.
- The number of students in the program depends on the number of jobs at recess and the scheduling of the students.
- Students may be hand selected, or may go through an application process.
- Students can assist with their own recess (peer leadership), or with the recess of younger students.

Junior Coach Set Up

Select 12-15 upper grade students to serve as JCs through the school year
Notify parents (see <u>parent letter template</u>)
Collect JC emergency contact forms
Collect permission slips for JC's to attend JC training (after school)
Collect Playworks general release forms
After Recess Reboot, create and share the JC recess duty schedule



Parent Letter Template: Junior Coach Program Invitation

Please introduce the Junior Coach Program to parents of your selected Junior Coach student leaders! Here is a parent letter template:

Dear Parent,

I am excited to share that our school is partnering with Playworks from [Monday, 2/6 - Thursday, 2/9] to help reboot our recess!

We are proud to partner with <u>Playworks</u> to make recess a fun, inclusive time for every student in our community. Playworks is the leading national nonprofit using play to transform schools. A Playworks recess creates a place for every kid on the playground to feel included, be active, and <u>build valuable social and emotional skills</u>. You can learn more at <u>www.playworks.org</u>.

Get Excited!

2018. His/her main focus during will be provide our staff with additional profess practices that will help bring safe and he	e at our school on Monday - Thursday from Nov 6 - Nov 9, to help us assess and set goals for our school recess, ional development, as well as launch and demo best ealthy play to our school! During the week, staff and stations for safe and fun recess games and activities.				
Congratulations!					
Your child,	has been selected to participate in the Junior Coach				
Program as a Junior Coach. The Junior Coach program is a youth leadership program for 4th-6th					
graders to support recess and make a positive impact at their school. It is an exciting opportunity					
for self-esteem building, responsibility teaching and leadership training.					
Your child will receive 2 hours of traini	ng on by the				
Playworks Trainer. Junior Coaches will participate in team building activities and games to learn					
about conflict resolution, leadership, and recess game facilitation. Junior Coaches are					
responsible for leading activities at recesses for younger students.					

Here's some more information:

- Recess Reboot Overview
- Parents and Family FAQ
- Junior Coach Program

Here are some Playworks videos:

- Choose Play
- Why We Play
- Junior Coach Program

Thank you for your support and please join me in welcoming Coach to [School Name]!

Sincerely,

[Principal Name]



Junior Coach Program Student Emergency Contact & Medical Information

STUDENT NAME:	Date of Birth:			
Student's School:	Teacher			
Student's primary address:				
PRIMARY GAURDIAN NAME:				
home number:	work number:			
cell phone: E	-mail:			
OTHER GUARDIAN NAME:				
	work number:			
cell phone: E	-mail:			
EMERGENCY CONTACT NAME:				
	work number:			
Health Care Provider/Medical Insurance:				
Phone:	Policy number:			
Release of Liability I give permission for the following child to participate in the Junior Coach Program. Name: In case of illness or accident, permission is granted for emergency treatment to be administered. I consent to the program supervisor (s) taking, arranging for and consenting to the emergency procedures. I take full responsibility for, and will pay the costs of any such medical procedures or treatment. I understand that sports can be dangerous, and that serious accidents and injuries can sometimes occur. I hereby advise that the above named minor has the following allergies, medicine reactions or physical conditions which should be made known to a treating physician:				
(If none, please write the word "none.")				
With the exception of any condition(s) set forth above, I hereby certify to the best of my knowledge and belief that the child is in good health. I release and waive, and further agree to indemnify Playworks, the Board of Education, the individual members, agents, employees and representatives thereof, as well as program supervisors from and against any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm, or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages, or injuries arising out of, during, or in connection with the student's participation in the program and related activities or the rendering of emergency medical procedures or treatment, if any, including those resulting from negligence.				
Please understand that your signature also includes of the Junior Coach Program and to participate in an	permission for your child to appear in photographs or videotape by assessments of your child's progress.			
Quantities Names	B			
Guardian Name:				
Signature:	Date:			

Junior Coach Program: Training Permission Slip



REMINDER:	
Your child, training this week!	, will be participating in a Junior Coach
Location: Date: Start time: End time:	
develop leadership skills. It is an excit and to positively impact their school. It maintain the school playground equipmaway when the recess times are over, resolution and exhibit leadership qualitichild will learn the basics of running a showing up, taking care of business, a and activities and helping other childre negotiation skills, organizing and probleto develop life skills that can be taken thanks for your support!	In designed to build self-esteem, teach responsibility, and any opportunity for your child to have a role of leadership four child will be trained by the Playworks Trainer to help nent, distribute the sports equipment at recesses, put it all lead sports, games during recess, model conflict lies on the recess yard. While fulfilling their duties, your sports program. They will learn primary job skills like and cleaning up after themselves. In setting up games in play them, your child will learn oratorical techniques, em solving. This is a wonderful opportunity for your child o middle school and into the rest of their lives.
Please have your child return this so	ection to the Playworks staff person.
I give stay after school to participate in th	my child permission to Junior Coach training.
When the program is over, my child	will: walk home be picked up
Who is authorized to pick your child	up from school?
1	
2	
Parent/Guardian Signature:	Date:

PLAYWORKS GENERAL RELEASE FORM

I consent to have my child videotaped, photographed and interviewed while they are participating in Playworks activities at their school. I agree that this program material may be edited as desired,



duplicated and used in whole or in part throughout the United Stated and abroad. I consent to the use of my child's name, likeness, voice, and biographical material for program publicity and institutional promotional purposes (including, but not limited to newspaper articles with photos, press releases for Playworks events, promotional videos representing the organization, photos for the Playworks website and social media properties, photos for archival records and documentation for funders).

By providing the requested information and by signing as parent or guardian on the reverse side of this form, I expressly release Playworks, its licensees and assignees, from any claims I may otherwise have arising out of broadcast, exhibition, publication or promotion of this program material.

FORMULARIO DE AUTORIZACIÓN GENERAL DE PLAYWORKS

Por medio de la presente, doy mi consentimiento para que mi hijo(a) sea videograbado, fotografiado y entrevistado al participar en actividades de Playworks en su escuela. Me doy por enterado(a) que el material de este programa puede ser editado como se desee, duplicado y utilizado parcialmente o en su totalidad a través de los Estados Unidos y en el extranjero. Acepto que se use el nombre de mi hijo(a), su fisonomía, voz y datos biográficos con el propósito de publicitar el programa o promocionar la institución (incluyendo, aunque no limitado a artículos de prensa con fotos, boletines de prensa para eventos de Playworks, videos representando la organización, fotos para la web Playworks y sitios de medios sociales, fotos para el archivo y documentación para solicitar inversionistas.)

Al proporcionar la información requerida y firmar como padre o tutor en el reverso de este formulario estoy expresamente renunciando a todo reclamo que pudiese tener en el futuro contra Playworks, sus licenciados o asignados, por concepto de la difusión, exhibición, publicación o promoción de este material programático.

School/ Escuela Grade/Grado				
Teacher/ Maestro(a)				
Please print Child's complete name / Escriba	el nombre complete del niño(a) en letra de imprenta			
Name of parent or Guardian / Nombre del (P)	Madre o Tutor			
Signature of Parent or Guardian / Firma del (I	P)Madre o Tutor			
Street Address City, State, Zip Code / Domici	lio: Número, Calle, Ciudad, Estado, CP			
Telephone/Teléfono	Date/ FechA			