



## CODE OF CONDUCT - PARENT

I will provide positive support, care, and encouragement for my child, and all children, participating in youth sports by adhering to the Parent Pledge and Code of Conduct.

### **I will act responsibly and do my best to assure that:**

1. My child gets to practice and games on time. I understand that my child needs to be on time to assure adequate warm-up and that arriving late can be embarrassing for my child. I will assure my child is picked up from all games and practices on time. By doing this, I send a message to my child that he/she is my top priority as well as showing respect for the coach.
2. I familiarize myself with the Positive Coaching Alliance philosophy. I will strive to uphold the philosophy and I will adhere to the Parent Pledge.
3. I place the emotional and physical wellbeing of my child ahead of a win at all cost attitude. I will help to create an environment that builds a culture where winning is not defined by outcome of competition, but by the individual needs of the children. I understand that children are born with different abilities, and that it is not important how my child compares to others, but that he/she is given the opportunity to display their personal best.
4. My child has a positive and fun youth sport experience. I understand that less than 1% of all youth sport participants receive a college scholarship, and that the number one reason children play sports is to have fun. I understand and will remember that the game is for the players, not the adults, and will keep that in perspective.

### **I understand that violations of the following codes will result in immediate dismissal of my privilege to attend all youth sports activities:**

1. I will demand a sports environment that is free from drugs, alcohol and tobacco, and I will refrain from their use at all youth sporting events. I understand that every child deserves to play in a healthy and safe environment.
2. I will refrain from initiating or participating in any form of verbal or physical assault toward any coach, player, opponent, opposing fan, official, or administrator.

The Bartlett Park District reserves the right to take appropriate disciplinary action involving any parent/guardian in violation of the Parent Pledge and/or code of conduct.

With my signature, which I voluntarily affix to this contract, I acknowledge that I have read, understand, and will do my best to fulfill the promises made herein.

---

Parent/Guardian Name (Print)

---

Parent Guardian Name (Print)

---

Parent/Guardian Signature

---

Parent Guardian Name Signature

---

Date

---

Date



BETTER ATHLETES  
BETTER PEOPLE

# Parent Pledge

Our organization is committed to the principles of Positive Coaching Alliance (PCA). Therefore, we ask that you read, sign and return this form to your child's coach or any appropriate representative of our organization.

Initial each  
line below

In keeping with PCA's ideal of the **Double-Goal Coach**® -- who has a goal of winning and an even more-important goal of teaching life lessons through sports -- I will be a **Second-Goal Parent**®, focused on the goal of **using sports to teach life lessons**, while leaving the goal of winning to players and coaches. \_\_\_\_\_

I will use positive encouragement to **fill the Emotional Tanks** of my children, their teammates, and coaches. I understand that, like the gas tank of a car, a full Emotional Tank can take people most anywhere. \_\_\_\_\_

I will reinforce the **"ELM Tree of Mastery"** with my child (E for Effort, L for Learning, M for bouncing back from Mistakes). Because I understand that a mastery approach will help my child succeed in sports and in life, I will: \_\_\_\_\_

- encourage my child to exert maximum **Effort**
- help my child **Learn** through sports
- urge my child to get past **Mistakes** by using a Mistake Ritual, such as a flushing motion, to trigger a reminder to flush the mistake and move on to the next play.

I will set an example for my child by **Honoring the Game**, respecting ROOTS (Rules, Opponents, Officials, Teammates, and Self). If I disagree with an official's call, I will Honor the Game and be silent. \_\_\_\_\_

I will use a **Self-Control Routine** to avoid losing my composure if I grow frustrated. I will take a deep breath, turn away from the game to refocus, count backwards from 100 or use self-talk ("I need to be a role model. I can rise above this.") \_\_\_\_\_

I will **refrain from negative comments about my child's coach** in my child's presence so that I do not negatively influence my child's motivation and overall experience. \_\_\_\_\_

**I will be as prompt as possible** dropping my child off and picking my child up from practices and games. \_\_\_\_\_

I will engage in **No-Directions Cheering**, limiting my comments during the game to encouraging my child and other players (from both teams). \_\_\_\_\_

PRINT ATHLETE'S NAME

PARENT'S SIGNATURE

For more PCA Tools for Parents, visit: [www.positivecoach.org/our-tools](http://www.positivecoach.org/our-tools)  
[www.positivecoach.org](http://www.positivecoach.org)



## Emergency Treatment Release

To Whom It May Concern:

As a parent and/or guardian, I authorize the treatment by a qualified and licensed medical physician, to the following minor in the event of a medical emergency. In the opinion of the physician, an emergency is such that may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

### Personal Information

Name of Minor: \_\_\_\_\_  
(please print)

Birth Date: \_\_\_\_\_

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent/Guardian: \_\_\_\_\_  
(please print)

Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
(signature)

Address: \_\_\_\_\_

Apt #: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### In Case of Emergency Contact

Name: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Please note any illnesses/conditions the coach should be aware of (eg. asthma, diabetes etc).**

\_\_\_\_\_  
\_\_\_\_\_