

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 | | |



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: | | Birth Date: | |
|---|--------------------------|-------------------------------|---------------------------|
| This release form is completed a treatment under emergency cire | | | se of authorizing medical |
| Parent/Guardian: | | Date: | |
| (please print) | | | |
| Parent/Guardian:(signature) | | | |
| Address: | | Apt #: | |
| City: | | State: | Zip: |
| Home Phone: | Work Phone: | Cell Phone: | |
| In Case of Emergency Contac | t | | |
| Name: | | Relationship to Minor: | |
| Home Phone: | Work Phone: | Cell Phone: | |
| Name: | | Relationship to Minor: | |
| Home Phone: | Work Phone: | Cell Phone: | |
| Please note any illnesses/con | nditions the coach shoul | d be aware of (eg. ast | hma, diabetes etc). |
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