CODE OF CONDUCT – PARENT

I hereby pledge to provide positive support, care, and encouragement for my child and all children participating in youth sports by adhering to the Parent Code of Conduct in the following ways:

A. I will lead by example through:

1. Encouraging good sportsmanship and positive support for all coaches, players, opponents, opposing fans, and officials at every game, practice, or other youth sporting event. I understand the importance of setting a good example for my child as children are influenced by those surrounding them.

B. 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 place the emotional and physical well being 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.
3. 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.
4. I will demand a sports environment that is free from drugs & alcohol and refraining from its use at all youth sporting events. I understand that every child deserves to play in a healthy and safe environment.

C. I will display appropriate behavior. I understand that violations of the following codes will jeopardize my privilege to attend all youth sports activities:

1. Treating each coach, player, opponent, opposing fan, official, or administrator with respect and dignity, and will refrain from making negative comments, using profanity, intimidation tactics, and/or inappropriate language toward all in the presence of children. I understand that by voicing negative comments, I can poorly impact my child's motivation and overall experience.

D. Terminal behavior. 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 and alcohol, and refraining 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 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.

Name: _____ Signed: _____Date: _____
(Please Print)

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:_____
(please print)

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: _____ Date:_____
(please print)

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 (ex. asthma, diabetes, allergies etc.).

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