

# 2017 FC Lopatcong Code of Conduct.

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This form must be signed and provided to the coach on the first practice attended. Failure to do so will prohibit the Athlete from practice and playing.

I/We \_\_\_\_\_ (please print),  
the parent(s) of \_\_\_\_\_ (please print),

agree that I / We will:

- remember that children participate to have fun and that the game is for youths, not adults;
- be a positive role model for my child as well as the children on the teams;
- encourage good sportsmanship by showing respect, courtesy and positive support for all players, coaches, officials and spectators at every game, practice or other sporting event;
- encourage my child/children to treat other players, coaches, officials, and spectators with respect, regardless of race, creed, color, sex or ability;
- encourage my child/children to play by the rules and to resolve conflicts without resorting to hostility or violence;
- respect the officials and their authority during games and will take the time to speak with coaches at an agreed time and place;
- remain in the spectator's area during competition;
- support a sports environment for any child that is free from drugs, tobacco, and alcohol, and I/we will refrain from their use at all sports events.

And I or We will NOT:

- engage in any kind of unsportsmanlike conduct with any official, coach, player or parent. Unsportsmanlike conduct includes, but is not limited to: fighting, booing, taunting, refusing to shake hands, using profane language or gestures;
- ridicule or yell at my/our child/children, or any participants at a sporting event, for making mistakes or losing a competition;
- question, discuss or confront coaches or officials at the game field;
- coach my child/children or other players during games and practices, unless I/we am an official coach of the team;

And I/We agree that if we fail to abide by the aforementioned rules and guidelines, that my child/children and I/We will be subject to disciplinary action by the FC Lopatcong leadership as well as the Executive Board of the Lopatcong Athletic Association that could include, but is not limited to, the following:

- Verbal warning by official, head coach, and/or a representative of the Club, LAA or League;
- Parental and/or player game suspension, with written documentation of incident kept on file by the LAA;
- Game forfeit through the Official or Coach;
- Parental and/or player season suspension with NO REFUND of registration fees.

Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Lopatcong Athletic Association

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## Medical Treatment Authorization and Liability Release

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I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, \_\_\_\_\_, to participate in the FC Lopatcong Soccer program under the auspices of the Lopatcong Athletic Association.

In order that my son/daughter may receive the necessary medical treatment in the event he/she may sustain injury or illness during participation in this activity, I hereby authorize the coaches or other supervising adult to obtain medical treatment for my son/daughter for such injury or illness during the activity.

I hereby hold the Lopatcong Athletic Association, its representatives, and/or agents harmless in the exercise of authority.

I understand that this activity involves risk to the participant. I further acknowledge and understand that due to the nature of this activity, there is a possibility that my son/daughter may sustain physical illness or injury (minimal, serious, or catastrophic), in connection with his/her participation.

I further acknowledge and understand that my son/daughter is assuming the risk of such physical illness or injury by his or her participation. I further release Lopatcong Athletic Association and its representatives from any claims for personal illness or injury that my son/daughter may sustain during participation in this activity.

I further understand that the Lopatcong Athletic Association has established rules and regulations pertaining to conduct, behavior, and activities for all participants, by which my son/daughter must abide during participation in this activity and that my son/daughter and I will be responsible for his/her failure to abide during participation in this activity, and that my son/daughter and I will be responsible for his/her failure to abide by those rules and regulations.

My son/daughter and I have read and understood the above medical treatment authorization and liability release and hereby agree to abide by same.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Child/Participant \_\_\_\_\_ Date \_\_\_\_\_

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