

2017 LOPATCONG ATHLETIC ASSOCIATION

SPORT-PARENT CODE OF CONDUCT

Failure to sign this form and return it to your child's coach will result in your child being prohibited from playing

I/We _____ the parent(s) of _____ agree that:
Please print Please print

- I/we will remember that children participate to have fun and that the game is for youths, not adults;
- I/we will be a positive role model for my child and the children on the teams, and I/we will encourage good sportsmanship by showing respect and courtesy by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event;
- I/we will not engage in any kind of unsportsmanlike conduct with any official, coach, player or parent. This unsportsmanlike conduct is to include, but not limited to: fighting, booing, taunting, refusing to shake hands or using profane language or gestures;
- I/we will encourage my child/children to play by the rules and to resolve conflicts without resorting to hostility or violence;
- I/we encourage my child/children to treat other players, coaches, officials, and spectators with respect, regardless of race, creed, color, sex or ability;
- I/we will never ridicule or yell at my/our child/children, or any participants at a sporting event, for making mistakes or losing a competition;
- I/we will respect the officials and their authority during games and will never question, discuss or confront coaches or officials at the game field, and will take the time to speak with coaches at an agreed time and place;
- I/we will remain in the spectator's area during competition;
- I/we will 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;
- I/we will refrain from coaching my child/children or other players during games and practices, unless I/we are one of the official coaches of the team
- I/we also agree that if I/we fail to abide by the aforementioned rules and guidelines, my child/children and I/we will be subject to disciplinary action by the Executive Board that could include, but is not limited to, the following:
 - Verbal warning by official, head coach, and/or a representative of the League;
 - Parental and/or player game suspension, with written documentation of incident kept on file by the Recreation Committee;
 - Game forfeit through the Official or Coach;
 - Parental and/or player season suspension with NO REFUND of registration fees. Parent(s) Signature:

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Lopatcong Athletic Association

Medical Treatment Authorization and Liability Release

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter,

_____, to participate in the activity of _____ for 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