



Weatherford Soccer Association

Parental Code of Conduct

Adopted from NTSA

Please initial beside each statement and sign and date at the bottom. Then return to your Team Coach.

- Children have more need of encouragement than criticism. Attempt to relieve the pressure of the competition, not increase it. A child is easily affected by outside influences.
- Be kind to your child's coach and the officials. The coach is a volunteer, giving of personal time and money to provide a recreational activity for your child.
- The opponents are necessary friends; without them your child could not participate.
- Applaud good plays by your team and by members of the opposing team.
- Do not openly question an official's judgment and honesty. Officials are symbols of fair play, integrity, and sportsmanship.
- Your Team's Coach is responsible for your behavior on the sidelines. Be Respectful! A Referee can send-off your Coach due to your behavior.
- Should I be asked to leave the field by an Association Board Member (Home or Away) due to my behavior, I agree to leave.
- Accept the results of each game. Encourage your child to be gracious in victory, and to turn defeat into victory by working towards improvement.
- Remember your child is involved in organized sports for their enjoyment, NOT YOURS!
- Encourage your child to always play by the rules.
- Remember that your child learns by example. Children mimic what their parents say. Criticism of the coach, officials, teammates, and/or opponents fosters bad attitudes and can only lead to a negative experience for your child.
- Parents should remember that a coach has an entire team of players to consider when making decisions regarding position, playing time, substitutions, and strategy. The team does not revolve around one player.
- Foul language is NOT tolerated WSA.
- Bullying between players is NOT tolerated by WSA.
- If your player receives a Yellow Card during a game, it is up to the Coach how to proceed.
- If your player receives a Red Card during a game, the player will be required to dress out and attend the following game, but sit the game out. A sit-out verification form must be signed by Referee. This is to demonstrate support for their Team. The player will not be allowed to play until they attend a game and sit-out.

Parent's Name (Please Print): _____ Date: _____

Parent's Signature: _____



PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM

Player's Name: _____ Date of Birth: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY INFORMATION

Parent/Guardian #1 Name: _____ Home Phone: _____ Work Phone: _____

Parent/Guardian #2 Name: _____ Home Phone: _____ Work Phone: _____

In an emergency, when parents/guardians cannot be reached, please contact:

Name _____ Home Phone: _____ Work Phone: _____

Name _____ Home Phone: _____ Work Phone: _____

Allergies: _____

Other Medical Conditions: _____

PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

Recognizing the possibility of injury or illness, and in consideration for US Youth Soccer and members of US Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of US Youth Soccer and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs. I hereby authorize the transportation of my son/daughter to or from the Programs.

I confirm that my son/daughter is physically capable of participating in the sport of soccer. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

Signature of Parent/Guardian

Date