

Youth Sports League of Redwood City

Parent/Spectator Code of Conduct



By registering my child in the Youth Sports League of Redwood City, I agree to learn the rules of the game and the league and to comply with the following Parent Code of Conduct:

- I understand that my role as a parent is to support all players and coaches and to enjoy my child's opportunity to experience the benefits of participating in sports.
- I will help my child to learn the right lessons from winning and losing and from individual accomplishment and mistakes. I understand that performance is more important than winning.
- I will not attempt to coach from the sideline and I will show respect and courtesy to all game officials, players, coaches and other spectators.
- I will engage in positive encouragement of all players at all times. I will refrain from making negative or abusive remarks to any player, coach, official or other spectators.
- I will respect the officials and their authority during games and will never question, discuss or confront coaches at the game. I will take time to speak with coaches at an agreed upon time and place.
- I will ensure that my child will attend all games and practices possible. When it's not possible, I agree to inform the coach in advance.

I understand that if I fail to comply with this Parent Code of Conduct, I will be subject to sanctions by the Youth Sports League of Redwood City. These sanctions include, but are not limited to being prohibited from attending any scheduled match or game.

By signing this document, I acknowledge that I have read and agree to comply with this Code of Conduct.

Parent Name/Contact Number

Participants Name

Parent Signature

School Name/Grade



TAFT DOLPHINS

4TH/5TH BOYS SOCCER

CHECK OUT OUR WEBSITE @
YOUTHSPORTSLEAGUEOFRWC.COM

Please check the following box if you are able to be a *Volunteer Parent Coach.*

We rely on Volunteer Coaches in order for the program to run. Thank you for your participation.

Name and Phone Number _____

Registration Deadline: **MARCH 12TH, 2010.** *Please complete both sides and return form to Red Morton Community Center (1120 Roosevelt.)*

Program #: **46.264**

Registration Fee: **\$40.00** Cash or check only (Please make check payable to City of Redwood City.)

Program Information: Games will be held at Fair Oaks School and Hoover School. Games will be played Mon-Th (2 games/week) at 3:30 pm or 4:45pm and Practice schedule will be determined by individual coaches. Participants will be contacted the week of March 15th, 2010 and practice will begin shortly after that. Transportation is not provided. **Uniform, shorts and socks are provided. Shin guards and cleats must to be provided by the participant.** No refunds given after first league game. League season: 4/26-6/5/2010. For more information, please contact Erin Niemeyer at 650.780.7335.

SOCCER JERSEY SIZE (CIRCLE ONE)		YOUTH	L	ADULT	S	M	L
Participants Name	Date of Birth	Grade	School	Program #	Ethnicity		

Parent/Guardian Name _____ **Address** _____

Home Phone # _____ **Work Phone #** _____ **Cell Phone #** _____ **Email** _____
 (You will receive Youth Sports League monthly newsletter.)

Emergency Contact _____ **Emergency Phone #** _____ **Health Issues/Daily Medication for your child** _____

I/We the undersigned, being the parents(s) and / or legal guardians of do hereby grant permission for his/her participation in the Redwood City Police Activities League and release the Redwood City Police Activities League and the City of Redwood City, and their agents, from all action, causes of actions, damages and claims or in equity of every kind whatsoever I/we may now or hereafter have against them arising out of any injuries or loss to while said person participates in any of the activities, programs, or sports of the Redwood City Police Activities League. I understand that this includes that my child may be transported to and from events by PAL personnel or volunteers. In the event of injury, I/we the undersigned, parents(s) or legal guardians of do hereby authorize the Redwood City Police Activities League, as agent for the undersigned, to consent to any x-ray, examination, any anesthetic, medical or surgical diagnosis or treatment and hospital care when deemed advisable by and is to be rendered under the general of special supervision of any physician and/or surgeon licensed under the provision of the Medicine Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or hospital. It is understood that this authorization is given in the advance of any agent to give specific consent to any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the aforesaid agent to give specific consent to any and all care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. The authorization is given pursuant to the provisions of Section 25.8 of the CIVIL CODE of California. This authorization shall remain in effect as long as he/she participates in the Redwood City Police Activities League program, unless revoked sooner in writing and delivered to the Redwood City Police Activities League. I/we agree to allow use of my/our photograph in program publicity. **I have read and fully understand these policies.**

Parent/Guardian's Signature: _____ **Date:** _____

BACK OF FORM MUST BE SIGNED BEFORE REGISTRATION WILL BE PROCESSED.