

Cliff Avenue United FC Parents Code of Conduct

Fair Play

- I will encourage my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
- I will accept the results of each game and encourage my child to be gracious in victory and defeat.
- I will teach my child that doing one's best is as important as winning, so that my child will never feel defeated by the outcome of the game.
- I will ensure that my child arrives at practices and games on time and I will support the efforts of the coaches in their decisions for the betterment of the team.

Respect

- I will never question the officials' judgement or honesty in public.
- I will not verbally abuse or harass the coaches, officials, volunteers or athletes.
- I will respect and show appreciation for the volunteer coaches and other Cliff Avenue volunteers who give their time to the club so that my child can play soccer.

Health & Safety

- I will ensure that my son or daughter wears proper equipment.
- I will ensure that I attend and remain at every game and practice in case my child needs my attention. If I need to leave a game or practice I will have another parent take responsibility for my child and I will inform the coach, assistant coach, or team manager of the parent responsible for my child.
- I will review the Club's Players Code of Conduct with my child and ensure that my child understands and follows the Code.
- I am aware that a concussion is a brain injury that may be caused by any blow to the head, face or neck, or by a blow to the body that causes a sudden jarring of the head.

- I understand that a concussion is difficult to detect and has a variety of symptoms including confusion, memory loss, dizziness, headaches, vomiting, or vision problems. Significantly, a player does not need to lose consciousness to have a concussion.
- I understand that if my son or daughter exhibits any signs or symptoms of a concussion then they will be removed from all soccer related activities.
- I also understand that I am responsible for reporting any signs or symptoms of a concussion to a Doctor with experience in the evaluation and management of concussions.
- If my son or daughter exhibits any signs or symptoms of a concussion I will follow and support the Club's Return to Play Policy including providing written proof of medical approval before my child may return to play.
- I will also not allow my child to play if they are injured or too sick to do so and I will inform the coach, assistant coach, or team manager of any injury or illness that may affect my child's ability to play.

I understand and agree to follow the Parents Code of Conduct and I understand that the Club may consider disciplinary action against me should I not comply.

Print Name of Parent

Signature of Parent

Print Name of Child

Date: _____