



SHEBOYGAN YOUTH FOOTBALL, INC.  
P.O. BOX 732  
SHEBOYGAN, WI 53082-0732

## **PARTICIPANT CODE OF CONDUCT**

1. Participants must always adhere to the positive aspects of the sport (e.g. fair play) and never condone violations of the game rules, behavior contrary to the spirit of the rules of the game, or the use of prohibited substances or techniques.
  2. Players must consistently display high standards of behavior.
  3. Players must appreciate the importance of *striving* to win, not winning itself.
  4. Players will not use any form of profanity.
  5. Players must respect the rights, dignity, and worth of each and every person involved in the sport.
  6. Players must accept responsibility for their own behavior and performance, and not argue with the game officials.
  7. Players will not engage in an abusive verbal attack, including “trash talking” or taunting, to any other player, official, coach, team representative, or spectator.
  8. Players will not engage in a physical attack, including but not limited to, the laying of a hand upon, pushing, shoving, striking, or kicking of any official, player, coach, team representative, or spectator.
  9. Players will not use deliberately rough tactics during a game against an opponent.
  10. Players will do their best to remember that youth sports is supposed to be FUN, and that winning and losing are part of everyone’s experience. *“Win with respect, lose with dignity”*
- To give Sheboygan County youth, in grades 5<sup>th</sup>-8<sup>th</sup>, an opportunity to learn and develop tackles football skills.

## **PARENT/GAURDIAN CODE OF CONDUCT**

Parents are as important to the success of the football team as the players and coaches. Parents should work with coaches to mentor and support players in a positive manner and help them become first class athletes by adhering to the following guidelines:

- Always support the team (pick them up, never put them down)
- Always be indifferent to attitudes and abilities of the other team
- Always walk away from an officials “bad call” with your head up.
- NEVER use alcohol, drugs or tobacco at SYF games or practices and control your actions and language while at these events.
- Heated discussions have no place in front of the players. Parents and coaches should postpone conversations that are getting out of control.
- Although many parents have coaching experience and may have played on a higher level than the current coaches on the team, please refrain from coaching skills that contradict program or head coaches goals. They are being taught to play as a team, each player performing a set function that his/her teammates can rely on.
- A player who abandons his/her teammates to do something his/her parents coached him/her to do (which contradicts team schemes/techniques) is letting down his/her team and himself/herself. This may open up the door for an opponent to win a game, or it may cause him/her or a teammate to be injured.

**“It’s simple it’s all about the kids”**

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Parents Signature/Date

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Players Signature/Date

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Print Parents Name

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Print Players Name





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**Parental Waiver and Release and Emergency Medical Treatment Consent**

Player and his/her custodial parent(s) and/or legal guardian(s) (together referred to as the "Undersigned"), hereby consent to Player's participation with Sheboygan Youth Football, Inc. The Undersigned understand and agree that participation includes, but is not limited to, practice sessions, games, meetings and other functions, fund-raising activities, and the like, and transportation to and from these activities.

The undersigned understand that Football is an exciting, rough, physical contact sport and that AS WITH ALL CONTACT SPORTS, the possibility of injury, be it serious or minor, and always exists. The Undersigned hereby accept and assume the risks that accompany participation.

In consideration of the opportunity afforded the Player to play and participate, each of the Undersigned hereby releases Sheboygan Youth Football, Inc. its officers, directors, employees, agents and volunteers, as well as any sponsor or facilitator of any of these entities (a "facilitator" includes the owners or lessors of the facilities utilized for its activities, including practices and games), from all actions, damages, claims, and demands, whether legal or equitable, or every kind and character, any of us may now or hereafter have against them. We each release Sheboygan Youth Football, Inc. and its coaches, trainers, volunteers, players, administrators, sponsors, and facilitators, all other teams which may practice with or compete with, including such other teams' coaches, trainers, players, administrators, sponsors, and facilitators, and any person acting as a referee at any practice, match, or tournament, from any liability which may arise from the Player's participation in Sheboygan Youth Football, Inc. activities and the sport of football.

Undersigned further understand and agree that they are responsible for transportation of the Player to team events. The team may provide transportation alternatives as an accommodation. Such transportation will usually be via private automobile and drivers may include coaches, other parents, and/or other properly licensed players. The Undersigned understand that some drivers may be underinsured or uninsured and the Undersigned agree to supplement their insurance to provide for sufficient underinsured or uninsured coverage to compensate for any losses resulting from injury or death in connection with a transportation mishap and the Undersigned otherwise waive claims against the released parties.

The Undersigned further understand and agree that neither Sheboygan Youth Football, Inc., nor any of the released parties are responsible or liable for injury, sickness, disability, paralysis or death that may result from Player's participation with and all that any and all claims arising from participation with against said entities and individuals are hereby waived.

**RELEASE AND WAIVER OF LIABILITY: IN CONSIDERATION OF PLAYER'S OPPORTUNITY TO PARTICIPATE, THE UNDERSIGNED HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE the coaches, officials, volunteers, players, sponsors, facilitators, and/or administrators of the Team, the League, and its members and any other football team with which the Team might practice or compete, or other volunteers assisting. THE UNDERSIGNED AGREE THAT THIS RELEASE IS BINDING AND EFFECTIVE AS TO THEMSELVES AS WELL AS TO THEIR PERSONAL REPRESENTATIVES, ASSIGNS, HEIRS AND NEXT OF KIN AND THAT IT APPLIES TO ANY AND ALL LOSS OR DAMAGE CLAIMED ON ACCOUNT OF INJURY, DISABILITY OR DEATH, WHETHER CAUSED BY THE NEGLIGENCE OF THE ABOVE REFERRED TO ENTITIES, ORGANIZATIONS OR INDIVIDUALS OR OTHERWISE.**

The Undersigned understand by signing this release they are giving up substantial rights they would otherwise have to recover damages for losses and they agree that they are doing so voluntarily and without inducement, threat or duress. The Undersigned agree that they have had the opportunity to seek legal advice before signing this release and have either done so or voluntarily elected not to and waive this opportunity.

We have each read and understood the preceding statements of the scope of the relationship and of responsibilities among the several parties identified above and specifically agree to it all, including the waiver and release of liability set forth above.

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print

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Custodial Parent/Legal Guardian





# Sheboygan Youth Football League

## **ATHLETE AND PARENT CONCUSSION CONSENT FORM**

**As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions.** By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. *This form must be completed for every SYF season the athlete is involved in.*

A person who has been removed from a youth athletic activity may not participate in a youth athletic activity until he or she is evaluated by a health care provider and receives written clearance to participate in the activity from the health care provider.

### **Parent Agreement:**

I \_\_\_\_\_ have **read** the Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Athlete Agreement:**

I \_\_\_\_\_ have **read** the Athlete Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Participation will not be permitted in the absence of athlete and parent/guardian acknowledgment and a signed Concussion Consent Form**