

The Sport Parent Code of Conduct

On Sept. 23, 2000, more than 30 heads of Massachusetts' chapters of national sports and medical associations, educational organizations and professional associations met at Children's Hospital in Boston to participate in a consensus meeting to develop a sport parent code of conduct for the state. The meeting was convened by the Governor's Committee on Physical Fitness and Sports and the National Youth Sports Safety Foundation.

Preamble

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring and good citizenship. The highest potential of sports is achieved when competition reflects these "six pillars of character."

I therefore agree:

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of the league.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health and well-being of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his or her performance.
11. I will praise my child for competing fairly and trying hard and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participant for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also de-emphasize games and competition in the lower age groups.
14. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will never question, discuss or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco and alcohol, and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to the following:

- Verbal warning by official, head coach, and/or head of league organization
- Written warning
- Parental game suspension with written documentation of incident kept on file by organizations involved
- Game forfeit through the official or coach
- Parental season suspension

I the parent of _____ understand the above statements and will make a consensus effort to abide by them.

Signature: _____

Date: _____

To be signed by the child's parent or guardian. This must be returned to the child's coach. If not signed and returned to the coach in the determine time, your child will not be allowed to participate in the next game or practice.

Athletic Eligibility/Disciplinary Policy

The St. Christina Athletic Program, as an extension of the St. Christina academic program, is subject to the authority of the Pastor, Principal, Assistant Principal, and Athletic Association of the school. Participation in athletics is viewed as a privilege. Academics and in-school discipline standards must be met for a student-athlete to participate.

Student athletes, who are failing any subject, **at any time during the season**, will be ineligible to participate in games, matches, and practices. Grades will be determined on a week to week basis until the grade has improved to passing, beginning on **Monday and ending Sunday of the following week**.

The following procedure will be applied in all cases:

1. The teacher will notify the Assistant Principal, who will notify the parents of the student athlete's ineligibility.
2. The Assistant Principal will notify the Athletic Association President, who will in turn, notify the coordinators and the coaches.
3. **Student athletes will not be declared eligible to resume participation without a signed reinstatement letter from the Principal or Assistant Principal. This letter should be shown to their coach and returned to school with a parent signature.**

Student-athletes in grades 4-8 who receive three behavior detentions will be ineligible to participate in games, matches, or practices for a minimum of one week. Additional discipline reports/detentions will result in further ineligibility.

Parents are expected to monitor the academic and disciplinary status of their student-athlete.

Chronic academic or disciplinary situations will be referred to the judgment of the Principal and Assistant Principal.

ATHLETIC ELIGIBILITY AGREEMENT

I, _____, have read and understand the St.
Parent/Guardian name

Christina Eligibility Policy and agree to abide by the terms stated and support the enforcement of this policy.

Parent/Guardian Signature

Date

Student Signature

Date

School Student Attends

Health and Registration Form

Dear Parent(s) / Guardian(s),

It is recommended that a physician examine all children participating in the St Christina Athletic Association's Sports Programs before participating. Please read the following, fill out the form completely, and return it with your signature and initials to your child's coach. This form, along with the fee(s) and deposit(s), must be returned before your child may receive his/her uniform.

Athlete's Full Name: _____

Parent(s) / Guardian(s): _____

Address: _____

Work # : _____ Cell # : _____

Home # : _____ Date of Birth: _____

Sex : F ___ M ___ Grade: ___ CCD: ___

Emergency Contact Name: _____

Phone #: _____

Please list any allergies / medical conditions: _____

Health Insurance:

Any athlete participating in the St. Christina Athletic Association's Sports Programs must carry an adequate health / accident policy. If you do not have a family policy, you must obtain the health / accident policy provided through St. Christina School.

Please initial for indicating proof of insurance: _____

Release Form

To Whom It May Concern,

After being examined by a physician, my child was found to be physically fit to participate in the St. Christina Athletic Association's Sports Program. I hereby give my consent for his / her participation without any restriction.

I also agree that if an injury or bodily harm becomes my child, whether in practice, traveling to or from a regularly scheduled game, or otherwise, I will not hold the Archdiocese of Chicago, the Chicago Board of Education, the Chicago Park District, St Christina Parish, St. Christina School, the Athletic Association, or the coaches of the team, responsible for such injury or bodily harm.

By my signature below as parent or guardian, I, nor anyone of my family, heirs, executors, or administrators of my estate, will hold any of the aforementioned above, responsible for any accident or injury incurred as mentioned herein. In all, I assume all risks and expenses, which may incur in the way of bodily harm to my child.

Please be advised that _____ has permission to participate in a St. Christina Athletic Association's Sports Program. I have read the above release form and am in full agreement. I have also read and agree to the Rules and Regulations Form.

Parent / Guardian Signature: _____

Date: _____

Email Address: _____

Please circle any other sports your child is participating in:

Baseball Basketball Cheerleading Football Golf Soccer Volleyball

ST. CHRISTINA UNIFORM ORDER FORM –GRADES 3, 4 AND 5

NAME: _____

GRADE: _____

**SHIRTS ARE AVAILABLE IN THE FOLLOWING SIZES. PLEASE
CIRCLE YOUR CHOICE BELOW:**

YOUTH SMALL

YOUTH MEDIUM

YOUTH LARGE

ADULT SMALL

ADULT MEDIUM

ADULT LARGE

**SHORTS ARE AVAILABLE IN THE FOLLOWING SIZES. PLEASE
CIRCLE YOU CHOICE BELOW:**

YOUTH SMALL

YOUTH MEDIUM

YOUTH LARGE

ADULT SMALL

ADULT MEDIUM

ADULT LARGE