



# Covington Family YMCA

## PARENT CODE OF CONDUCT

- I will accept the results of the game and will not criticize the actions of the coaches, officials, or other league representatives.
- I will conduct myself in a respectful manner on training and game days (Home or Away) and will not use inappropriate language or actions when I am in attendance.
- I will place the emotional and physical well being of my child ahead of any desire to win.
- I will insist that my child plays in a safe and healthy environment.
- I will provide support for all coaches and officials working with my child to provide a positive and enjoyable experience for all.
- I will demand a drug, alcohol, and tobacco free sports environment for my child.
- I will remember that the game is for the kids, not the adults.
- I will do my best to make all youth sports fun for my child.
- I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.
- I will treat all other teams in a manner in which I expect to be treated.
- I will ensure the transportation of my child to and from practice and games on time.
- I will notify the coach when my child will be absent from practice or a game.
- I will make all decisions relating to youth sports based on the best interest of my child and his or her teammates.
- I understand that by signing this document I agree that the Covington YMCA Staff can remove me from participation if I do not uphold to any portion of this contract.

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Parent/Guardian

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Date

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Parent/Guardian

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Date

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Child's Name (Please Print)



# Covington Family YMCA

## LIABILITY WAIVER

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mom: \_\_\_\_\_ Cell #: \_\_\_\_\_

Dad: \_\_\_\_\_ Cell #: \_\_\_\_\_

In case of an accident, I can be reached at the number listed above. In the event of an emergency and I cannot be reached, I authorize the calling of medical services. In the event of an emergency, I give the YMCA or their representative permission to provide first aid and/or arrange for the transport of my youth to the nearest medical facility. I also give permission for the necessary emergency medical treatment to be performed by medical personnel. By my signature and of my own free will, I do hereby agree to indemnify and hold harmless the YMCA and its representatives from any and all claims and demands, cost or expense arising out of any injuries or loss sustained by myself or any party which I am responsible. I also give permission for the use of photos/video taken by the YMCA.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_