



Players' Code of Ethics

I hereby pledge to provide a positive attitude and be responsible for my participation in Youth Sports by following this Code of Ethics.

I will encourage good sportsmanship from fellow players, coaches, officials and parents at every game and practice.

I will attend every practice and game that is reasonably possible and notify my coach if I cannot.

I will expect to receive a fair and equal amount of playing time.

I will do my very best to listen and learn from my coaches.

I will treat my coaches with respect regardless of race, sex, creed or abilities and I will expect to be treated accordingly.

I deserve to have fun during my sports experience and will alert parents or coaches if it stops being FUN!

I deserve to play in an alcohol, tobacco and drug free environment and expect adults to respect that wish.

I will encourage my parents to be involved with my team in some capacity because it's important to me.

I will do my very best in school.

I will remember that a sport is an opportunity to learn and have fun.

Player's Signature

Date



\$2500

ACTIVITY PERMIT ELEMENTARY/MIDDLE AGE YOUTH SPORTS LEAGUE

(Please circle one age group)

Volleyball Basketball Softball Soccer _____

Student Name: _____ Male Female

Home Address: _____ Home #: _____

City _____ State _____ Zip _____ Age: _____

School: _____ Grade: _____ Birthdate: _____

***** THIS PART TO BE FILLED OUT BY PARENT/GUARDIAN - PLEASE PRINT *****

Parent/Guardian Name: _____ Home: _____

Address: _____ Work: _____

List any previous injuries: _____

List any physical disabilities: _____

List any allergies: _____

List any medication the athlete may be taking or will use: _____

Preference of physician: _____ Phone: _____ / _____
Office Home

NOTE: Injuries are a natural part of sports. MPS is not responsible for injuries incurred by players during official games. Players should be covered by their own insurance.

Name of Health Insurance: _____

In an emergency, please list two persons you recommend we call if you cannot be reached:

Name: _____ Phone: _____

Name: _____ Phone: _____

We give our consent for coaches, physical education/recreation staff to use their own judgment in securing medical aid and ambulance service in case parent/guardian cannot be reached. We give our consent for participation in the Elementary Age Youth Sports League. We understand that the player may travel unsupervised to site competition.

Parent/Guardian Signature

Date

**RETURN TO YOUR SCHOOL SPORTS COORDINATOR
FOR VERIFICATION AND DISTRIBUTION OF FORM.**

Players Birthdate and Grade
Have been verified by:

School Sports Coordinator

Date