

# Code of Conduct/Authenticity and Waiver Form

## (In Part NYSCA Code of Ethics)

- I will place the emotional and physical well being of all others involved ahead of my personal desire to win.
- I will respect the individual differences of all others involved and treat all others involved as individuals, remembering the large range of emotional and physical development of all age groups.
- I will do my best to provide a safe playing situation for all others involved.
- I will lead by example in demonstrating fair play and sportsmanship to all others involved.
- I will provide a sports environment for all others involved that is free of profanity, fighting, drugs, tobacco, and alcohol, and I will refrain from their use at this event (All smoking and tobacco use must occur outside of the facility fences).
- I will be knowledgeable on the rules of this sport and I will abide by these rules.
- I will remember that these games are for children and not adults.
- I will use coaching techniques appropriate for all others involved (Coaches).
- I will promise to review and practice basic first aid principles needed to treat injuries (Coaches).
- General – I will: cheer for both teams positively, treat refs fairly, supervise mine or be supervised at all times, park responsibly, remain in directed areas, show respect to the facility, and throw trash away in proper containers.

*“I certify that all personal information recorded about me on the Team Entry & Roster Form has been checked and is 100% correct”*

### Waiver

The undersigned, being the custodial parents/legal guardians for the below named participant, and/or coach, hereby releases and waives any and all claims, losses, damages, injuries to person or property, expense, cause of action or cost named participant has, had or may have in the future have against Kingdom Football Ministries, its employees, agents, and all activity sponsors arising from or relating to participants participation in, and/or the conduct of, the activity. The undersigned also hereby authorizes the directors/staff of the activity to act according to their best judgment in seeking and obtaining medical care and treatment for the below named participant.

Team Name: \_\_\_\_\_

Player’s Name (printed): \_\_\_\_\_

Player’s Name (signed): \_\_\_\_\_

### AND

Parent’s Name (printed): \_\_\_\_\_

Parent’s Name (signed): \_\_\_\_\_

### AND/OR

Coach’s Name (printed): \_\_\_\_\_

Coach’s Name (signed): \_\_\_\_\_

**\* Must have a form for every player and coach**