



JOINT BASE LANGLEY-EUSTIS YOUTH SPORTS CODE OF ETHICS

PLAYERS' CODE OF ETHICS

I hereby pledge to be positive about my youth sports experiences and accept responsibility for my participation by following this Players' Code of Ethics pledge:

- I will encourage good sportsmanship from fellow players, coaches, officials and parents at every game and practice by demonstrating good sportsmanship.
- I will attend every practice and game that I can, and will 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, other players, officials and fans 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 environment that is free of drugs, tobacco and alcohol and expect adults to refrain from their use at all youth sports events.
- I will encourage my parents to be involved with my team in some capacity because it is important to me.
- I will do my very best in school.
- I will remember that sports participation is an opportunity to learn and have fun.

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PLAYER ACKNOWLEDGEMENT

SIGNATURE OF PLAYER:

PRINTED NAME:

DATE:

PARENTS' CODE OF ETHICS

I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this Parents' Code of Ethics:

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice or other youth sports event.
- I will place the emotional and physical well being of my child ahead of my personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches' Code of Ethics.
- I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I will demand a sports environment for my child that is free from drugs, tobacco and alcohol and will refrain from their use at all youth sports events.
- I will remember that the game is for youth - not adults.
- I will do my very best to make 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 help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching, or providing transportation.
- I will read the National Standards for Youth Sports and do what I can to help all youth sports organizations implement and enforce them.

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PARENT ACKNOWLEDGEMENT

SIGNATURE OF PARENT/LEAGAL GUARDIAN:

PRINTED NAME:

DATE:



CHILD HEALTH ASSESSMENT / SPORTS PHYSICAL

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C. 801 2 and 44 U.S.C. 3101.

PRINCIPAL PURPOSE: To show the child is current for routine screening tests/preventive health services and immunizations according to the schedule recommended by the American Academy of Pediatrics, the Centers for Disease Control and Prevention, and the Academy of Family Practice.

ROUTINE USES: This form may contain personal medical information protected by the Privacy Act of 1974 (see AFI 33-332) and the Health Insurance Portability and Accountability Act (HIPPA) (see DoD 6025.18-R) not intended for disclosure outside government channels and exempt from mandatory disclosure under the Freedom of Information Act, 5 U.S.C., 552.

Exemption 6 may apply. Title 5, U.S.C. 552a, The Privacy Act of 1974, as amended, which affords individuals the right to privacy in records maintained and used by Federal agencies. NOTE: 5 U.S.C. 552a includes Public Law (PL) 100-503, The Computer Matching and Privacy Act of 1988.

DISCLOSURE IN VOLUNTARY: Failure to provide the information may preclude the individual from participating in program.

PART A: TO BE COMPLETED BY THE CHILD'S SPONSOR

CHILD'S NAME: (Last, First, MI)

CHILD'S DATE OF BIRTHDATE: (MM/DD/YYYY)

CHILD'S SPONSOR'S NAME: (Last, First, MI)

CHILD'S GENDER: (Pick one)

MALE OR FEMALE

CHILD'S HEALTH INFORMATION

Health history and medical information pertinent to routine child care and emergencies (describe, if any):

None

Allergies:

None

Is the above mentioned child covered by TRICARE for health emergencies?

YES

NO

Does the above mentioned child have health and accident insurance other than TRICARE?

YES

NO

Insurance Carrier

Policy / Group #

I give permission for the authorized personnel at the Joint Base Langley-Eustis Youth Programs including Youth Sports to have access to my child's health assessment information (to include this form).

Sponsor's Signature:

DATE:

PART B: TO BE COMPLETED BY THE CHILD'S HEALTH CARE PROVIDER

HEALTH PROBLEMS OR SPECIAL NEEDS, RECOMMENDED TREATMENT/MEDICATIONS/SPECIAL CARE: (e.g., asthma, chronic illness, hearing or vision impairments, feeding needs, neuromuscular conditions, urinary or other ongoing health problems. (Attach additional documentation if necessary)

None

HEALTH CARE PROVIDER'S STATEMENT: I have examined the above named child and/or reviewed their records and find that he/she is current for age-appropriate routine screenings, immunizations and medically able to participate in the program.

NAME OF MEDICAL CARE PROVIDER:

SIGNATURE OF MEDICAL CARE PROVIDER:

ADDRESS:

PHONE:

DATE FORM SIGNED: