



Parents' Code of Ethics



I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this PAYS 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 a 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 for adults.

I will do my very best to make youth sports fun for my child.

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 ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.

I will read the National Standards for Youth Sports and do what I can to help all youth sports organizations implement and enforce them.

Parent Signature

Date

© National Alliance for Youth Sports
2050 Vista Parkway
West Palm Beach, FL 33406
(800)729-2057 / FAX (561) 684-2546 pays@nays.org

**PARENT'S MEDICAL CONSENT
(CYSS YOUTH SPORTS & FITNESS)**

We the undersigned, in consideration of our child's participation in the _____ program. Such participation being part of CYSS Youth Sports & Fitness Program(s), we agree to the following:

If our child is injured when engaging in any Youth Sports activities and we cannot be contacted, we consent to the following:

- a) That our child may be taken to a medical facility for emergency medical treatment;
- b) That medical personnel may perform emergency medical treatment as appears medically necessary to include surgery.

We further agree that we will not present a claim and/or a suit against the United States, its instrumentalities and/or its agents, personnel representing the CYSS Youth Sports & Fitness or medical personnel treating our child based on failure to obtain our consent to any emergency medical treatment performed and that we, the parents, will assume responsibility for any and all medical costs incurred during such treatment.

PLEASE PROVIDE THREE EMERGENCY CONTACTS:

Name of Child	Name of Contact Person	Emergency Phone Number

ADDITIONAL MEDICAL INFORMATION

Please list any medical, physical, or emotional condition(s) or restriction(s) affecting participation in our activities, such as asthma, diabetes, seizures, etc.

List additional comments of information that require special consideration.

Parent/ Guardian Signature

Date