

## HILLSBORO SPORTS ASSOCIATION

CONTRACT FOR \_\_\_\_\_ JR. FOOTBALL SEASON

PLAYER'S NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ SCHOOL ATTENDING NOW: \_\_\_\_\_

AGE & GRADE ON 09/01/ \_\_\_\_\_ PAID \_\_\_\_\_ DUE \_\_\_\_\_

Limited secondary insurance will be obtained for participants. This insurance is not primary coverage for accidental injury which may occur during practice or games. I/WE, the Parents/Guardians for the above child hereby give my/our permission and approval to his/her participation in any and all activities during the current season. I/WE do hereby waive, release, absolve, indemnify and agree to hold harmless to Hillsboro Sports Association sponsors, organizers, supervisors and officials except to the extent and in the amount covered by accident or liability insurance.

I/We, the Parents/Guardians of the above child, hereby agree to pay for any lost equipment or uniform, and to turn said equipment and uniform in on the designated days on the master schedule.

### **PARENTS ARE RESPONSIBLE FOR ALL TRANSPORTATION!**

PARENT/GUARDIAN: \_\_\_\_\_

Contract fee is \$75.00

### HILLSBORO SPORTS ASSOCIATION MEDICAL RELEASE

This is to certify that I, as the parent/guardian of \_\_\_\_\_ a player in the Hillsboro Sports Association Junior Football Program, hereby grant permission to the director, coach or trainer to obtain medical care at my expense, from any licensed physician, hospital or medical clinic, for the player named herein at such time as either parent/guardian cannot be contacted in person or by telephone. This authorization shall include all league activities including the period required to travel to and from those activities; and we do hereby waive, release, absolve, indemnify, and agree to hold harmless the Hillsboro Sports Association, officers, directors, participants, and persons transporting the player to and from those activities, for any and all claims arising out of an injury to the player.

SIGNATURE: \_\_\_\_\_

RELATIONSHIP TO PLAYER: \_\_\_\_\_

### CODE OF CONDUCT

- I. Purpose  
To provide an atmosphere conducive to high quality, enjoyable youth athletic events for players, coaches, officials and spectators.
- II. Core Beliefs
  - A. Good sportsmanship
  - B. Game officials provide a valuable and necessary function
- III. Methods
  - A. One parent from each team will be appointed/volunteered to be a monitor for each game
  - B. Violations of the Code of Conduct shall be privately discussed with the offender by the monitor at the time the violation occurs or as quickly as the game flow allows.
  - C. Coaches shall be responsible for disciplining their own players.
  - D. This code applies to all HSA activities in which HSA is the sponsoring organization. It also applies to all HSA teams, players, coaches and spectators visiting other venues.
  - E. Any violation of the Code of Conduct resulting in a penalty shall be reported to the Director of the sport involved and/or President of HSA.
- IV. Violations
  - A. Berating/taunting officials, coaches or players
  - B. Fighting
  - C. Physically abusing or touching officials
  - D. Tobacco use
  - E. Intoxication from alcohol or illicit drugs
  - F. Open alcohol containers
  - G. Sale of illicit drugs
  - H. Damage to HSA property or facilities used by HSA
- V. Penalties
  - A. Ejection from a game or the venues for any reason results in automatic suspension from the next game
  - B. Instigating or participating in a fight other than in self-defense results in suspension for the remainder of the season
  - C. Physically abusing or touching an official results in suspension for the remainder of the season
  - D. Repeated minor offenses may be cause for ejection from the game or venue.

The above penalties are automatic and given at the discretion of the coach, monitor, game officials or members of the Board of Directors of HSA. Appeals to any penalty should be made to the Board of Directors of HSA. The Code of Conduct in no way supersedes the disciplinary actions delineated by the HSA Bylaws, Article MIL. Ideally each participant in HSA activities should be made aware of this policy prior to their involvement. However, Ignorance of the policy will not be a reason to excuse a violation of the Code of Conduct and its penalty.

PARENT'S SIGNATURE: \_\_\_\_\_