PARENT CODE OF CONDUCT

The essential elements of character building and ethics in sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring and good citizenship. The highest potential of sports is achieved when competition reflects above characteristics.

The Hampton Roads United-UYFL ensures to create a positive environment for all organizations, players, coaches, volunteer staff, officials, and family members.

ZERO TOLERANCE POLICY. Any behavior that is detrimental to any program may be removed from the respective program and/or event(s). Detrimental behavior is defined as "physical and/or verbal abuse towards any participant, coach or official at any time. Vulgar language, physical abuse or gestures WILL NOT be tolerated. Violators of this rule during **HRU-UYFL** functions will be ejected and may be subject to game, practice, or season suspension.

I therefore agree:

- 1. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
- 2. I will adhere to the rules of the game and the policies of the league.
- 3. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice, or other sporting event.
- 4. I will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as obscenities, profane language, or excess body gestures or extreme taunting.
- 5. FIREARMS and RECREATIONAL drug use ARE NOT ALLOWED ON ANY SCHOOL CAMPUS OR RECREATION FACILITIES.
- 6. I will not encourage any behaviors that would endanger the health and safety of athletes.
- 7. I will encourage and teach my child to resolve conflicts without resolving to hostility or violence.
- 8. I, my scholar athlete, and family will treat others with respect regardless of race, creed, color or ability.

Parent or Guardian Name (Print Only):
Participants Name:
Date:



UNITED YFL

(POST COVID-19 WAIVER)

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prograr		o participate in any way in the rindividual sports and related events arees that:	
 2. 4. 5. 	potential for permanent podiscipline may reduce the The risk to have direct or it with one or more communications, diseases, or may to eliminate the risk that I with a communicable diseated in KNOWLINGLY AND FREEL THE NEGLIGENCE OF THE FI willingly agree to comply however, I observe any unmyself from participation at I, for myself and on behalf AND HOLD HARMLESS employees, other participation with the respect to any lessors of the RESPECT TO ANY AND ALL	could become infected through contactase. Y ASSUME ALL SUCH RISKS, both known RELEASEES or others, and assume full rewith the stated and customary terms a usual, significant hazard during my presend bring such hazard to the attention of my heirs, assigns, personal representing, its contact the event (contact the event (contact the event)	ve been exposed to and/or diagnosed ed to COVID-19 or other medical on thereof does exist and it is impossible to with or close proximity to an individual an and unknown, EVEN IF ARISING FROM esponsibility for my participation; and, and conditions for participation. If, sence or participation, I will remove of the nearest official immediately; and, attatives and next of kin, HEREBY RELEASE officers, officials, agents and/or consors, advertisers, and, if applicable, ollectively, the "Releasees"), WITH reloss or damage to person or property,
UNDER			EMENT, FULLY UNDERSTAND ITS TERMS, , AND SIGN IT FREELY AND VOLUNTARY
MINOR consent of kin, I	ITY AGE; This is to certify that t and agree to his/her releas release and agree to indem	uth player must sign below. FOR PAREN at I, as parent/legal guardian with legal e as provided above of all Releasees, a nify the Releasees from any and all liab se programs as provided above, EVEN II	responsibility for this participant, do nd, for myself, my heirs, assigns and nex ilities incident to my minor child's
Particip	ant Name:		
Parent/	Legal Guardian Name:		
Parent/	Legal Guardian Signature:		Date:



Participation contract ATHLETIC WAIVER & RELEASE

In consideration of _______, my child/ward, or myself (please circle one), being allowed to participate in any way in the United Youth Football and Cheer, Inc. (UYFL) and/or my Local YFL Affiliate(s), athletic sports program(s), Full Contact Tackle Football, Cheerleading, Dance, Step, Local, Regional, or National related events and activities, the undersigned acknowledges, appreciates, and agrees that:

• The risk of injury to my child/ward, myself, from the activities involved in these programs is significant, including the potential for permanent disability, paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

• I, FOR MYSELF, SPOUSE, AND CHILD/WARD, BY MY SIGNATURE BELOW DO, KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full

- responsibility for myself, my child/wards', participation; and,

 I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant concern in my child/wards', my own, readiness or, hazard during my presence or participation, and/or in the program itself, I will remove myself, child/ward, from participation and bring such to the attention of the nearest official immediately; and,
- I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assignee(s), personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS United Youth Football and Cheer, Inc. (UYFL), my Local UYFL Affiliate(s), their officers, directors, officials, volunteers, agents, and/or employees, other participants, sponsoring agencies, tournament host, sponsors, advertisers, partners, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, incident to my child/wards', my own involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
- I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY
 AND HOLD HARMLESS all the above Releases from any and all liabilities incident to my child/ward's involvement or participation in these
 programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(Parent/Guardian/Adult participant) Print Name	(Parent/Guardian/Adult participant) Signature Date
UNDERSTANDING OF RISK - (Minor Childs Acknowle	dgment/Understanding of the risk)
I understand the seriousness of the risks involved in	participating in this program, my personal responsibilities for adhering to rules and regulation, and
accept them as a participant.	
(Minor Participant) Print Name (Minor	Participant) Signature Date
	CONSENT TO TREAT
I Hereby my signature grant permission for myself or	r my child/ward to participate in any and all, United Youth Football and Cheer, Inc. (UYFL) and/or my
, , , , , , , , , , , , , , , , , , , ,	s), be they official or un official, including but not limited to, athletic, social and/or fundraising activities.
	roviders, authorize any first aid, emergency treatment, including but not limited to transportation to
	ofessional to provide treatment, order injections, hospitalize, give anesthesia or perform surgery which
	e general or special supervision of any physician and/or surgeon. I understand that this authorization is
	o avoid unnecessary delay in emergency treatment which the attendant and/or medical professional
-	t. I presume a reasonable attempt was made to contact me.
,,,,,,,,,,	
(Parent/Guardian/Adult participant) Print Name	(Parent/Guardian/Adult participant) Signature Date
Special circumstances, medical conditions, allergies	to medications- Please list all medical and medication information on back of form, INITIAL (
	Image Release
In consideration of (insert name)	, myself or minor child/ward being allowed to
participate in any way in/with the organizations	named above, related events and activities, I being legally authorized, do hereby my signature

below agree that the organization(s) named above have the unrestricted and exclusive right and permission, free from approval or review, to copyright and use in all media now or hereafter known, including but not limited to, pictures and videos of myself, or my child/ward which he/she

may be included intact or in part for promotion or other commercial use.

I have read and fully understand and agree, INITIAL (_