

As a player of the Pendleton Youth Soccer Association, I agree to the following code of conduct:

1. Keep a positive can-do attitude.
2. Arrive promptly and ready to go for all practices and games. I will not miss practice so I can learn skills.
3. Refrain from the use of profanity, both on and off the field.
4. Respect my coaches and teammates, and to only give positive encouragement.
5. Respect my opponents and teammates and not play in a way that would purposely hurt or injure another player.
6. Treat all referees with proper respect and to accept their decisions without argument.
7. Accept my team placement.
8. Accept all coaching decisions during games without question.
9. Exhibit humility when winning and grace when losing.
10. To remember that I represent myself, my team, my club, and my city with my actions, play and comments.
11. I will represent my team by wearing the official uniform to each match to show sportsmanship and team spirit.

Players who do not display appropriate sportsmanship may lose the privilege of playing for PYSA. I will strive to practice sportsmanship both on and off the field. PLAYER INITIALS _____

As a parent of a player for the Pendleton Youth Soccer Association, I agree to the following code of conduct:

1. Help my player to meet all team and club expectations and commitments.
2. Accept the team placement of my player and encourage my player to honor his/her team by wearing the official uniform.
3. Be encouraging, supportive and affirmative in regards to my player's play on the field.
4. Be respectful of ALL referees, players, coaches, and spectators.

Parents who do not display appropriate behavior on the sidelines WILL be asked and expected to leave the sidelines. I have read and comprehend the PYSA Code of Conduct and will strive to maintain this level of sportsmanship. Remembering that this is an activity that encourages healthy teamwork. PARENT INITIALS _____

SIGNS AND SYMPTOMS OF A CONCUSSION:

What to do if you suspect your child has experienced a bump or blow to the head or body during a game or practice, watch to see if the child:

- Appears dazed or stunned
- Is confused about sports assignment or position
- Forgets an instruction
- Is unsure of the game score or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events before the hit or fall
- Can't recall events after the hit or fall

The student athlete may report additional symptoms:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Sluggish, hazy, foggy or groggy feeling
- Concentration or memory problems
- Confusion
- Doesn't feel "right"

I have read the above and shared it with my child.

PARENT INITIAL _____

What to do when you or the coach feel that the child has suffered a concussion

1. **Seek medical attention right away.** A health care professional can determine if a concussion occurred, how serious it is and when it's safe for your child to return to sports.
2. **Keep your child out of play.** Concussions take time to heal. **Don't let your child return to play until a health care professional says it's OK,** even if your child insists otherwise. Children who return to play too soon – while the brain is still healing – risk a greater chance of having a second concussion. Second or later concussions can be extremely serious. They can cause permanent brain damage, affecting your child for a lifetime.
3. **Tell your child's coach about any recent concussion.** Coaches should know if your child had a recent concussion in ANY sport. The coach may not know about a previous concussion, and there could be serious health risks for your child.

Parent name _____ Signature _____ Date _____

CONSENT FOR MEDICAL TREATMENT (Minor)

As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to prevent the loss of life, limb, or well-being of my dependent.

Parent name _____ Signature _____ Date _____