SSC PARENT / SPECTATOR CODE OF CONDUCT

I recognize and accept that the referee is in complete charge of the game and, for the sake of the players, his decisions must be respected. If I have a complaint concerning a specific referee, I will register that complaint with the SSC Director of Referees. I will treat all coaches courteously and will not question their coaching methods or decisions in front of team members. Any parent-coach conferences will be held in private at the convenience of both parties. I will register all serious grievances concerning the soccer program in writing to the SSC Board for their consideration and possible action. My behavior and language on the sidelines will set a good example for our children, and my shouts will be of a positive and encouraging nature.

Signed _____ Signed _____

Date _____ Date _____

EMERGENCY MEDICAL AUTHORIZATION

Please print or type:

Player's Name _____ Parent or Guardian _____

Address _____ Telephone _____

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while playing, practicing, or in transit to or from soccer activities, when parents or guardians cannot be reached.

In the event reasonable attempts to:

contact me (name) _____ at _____ (phone number) or

other parent (name) _____ at _____ (phone number)

have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by:

preferred physician Dr. _____ at _____ (phone number)

preferred dentist Dr. _____ at _____ (phone number)

In the event the designated preferred practitioner is not available, another licensed physician or dentist may administer treatment. I hereby give my consent for (2) the transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medication being taken, and any physical impairments to which a physician should be alerted: _____

_____

_____

_____ _____

Date Signature of Parent or Guardian