



# Carleton Place Soccer Club Inc.

Box 85, Carleton Place, Ontario K7C 3P3

(613) 257-8618

www.cpsoccer.ca



## PLAYER CODE OF CONDUCT

### Obligations toward the Game - A player should:

1. Make every effort to develop their own sporting ability, in terms of skill, technique, tactics and stamina.
2. Give maximum effort and strive for the best possible performance during the game, even if the team is in a position where the outcome is essentially known.
3. Set a positive example for others, particularly young players and supporters.
4. Avoid all forms of unfair play and time-wasting.
5. Always have regard for the best interests of the game, including being respectful when publicly expressing an opinion on the game (e.g., through social media) and any aspect of the game, including others involved in the game.
6. Never use inappropriate language.

### Obligations toward the Team - A player should:

1. Make every effort consistent with fair play and the Laws of the Game to help the team achieve set goals.
2. Resist any influence that might, or might be seen to, bring into question commitment to the success of the team.

### Respect for the Laws of the Game - A player should:

1. Know and abide by the laws, rules and spirit of the game.
2. Accept success and failure, victory, and defeat, equally.
3. Resist any temptation to take banned substances or use banned techniques.

### Respect toward Opponent - A player should:

1. Treat opponents with due respect, always, irrespective of the result of the game.
2. Safeguard the physical fitness of opponents, avoid violence and rough play, and help injured opponents.

### Respect toward the Referees - A player should:

1. Accept the decision of the referee without protest.
2. Avoid words or actions that may mislead a referee.
3. Show due respect towards referee.

### Respect toward Team Officials - A player should:

1. Abide by the instructions of their coach and team officials, provided they do not contradict the spirit of this code.
2. Show due respect toward the team officials of the opposition.

### Respect toward Supporters - A player should:

1. Always show respect toward supporters/fans of the game.

Player: \_\_\_\_\_

Date: \_\_\_\_\_

Parent: \_\_\_\_\_

Date: \_\_\_\_\_

Coach/Assistant/Manager: \_\_\_\_\_

Date: \_\_\_\_\_



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## PARENT/GUARDIAN CODE OF CONDUCT

Parents/Caregivers/Guardians/Spectators expectations and attitudes have a significant bearing on a child's attitude toward:

- Other players
- Referees
- Coaches/Assistants/Managers
- Spectators

The CPSC will ensure that Parents/Caregivers/Guardians/Spectators within the club are always positive and encouraging toward all the players – not just their own – and will encourage Parents/Caregivers/Guardians/Spectators to:

- Applaud the opposition as well as their own team
- Avoid coaching the child during the game
- Not to shout and scream
- Respect the referee's decisions
- Give attention to each of the children involved in soccer not just the most talented
- Give encouragement to everyone who participate in soccer

The club will ensure that Parents/Caregivers/Guardians/Spectators agree and adhere to the Code of Conduct.

Parents/Caregivers/Guardians/Spectators: \_\_\_\_\_

Date: \_\_\_\_\_

Coach/Assistant/Manager: \_\_\_\_\_

Date: \_\_\_\_\_



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## PLAYER MEDICAL INFORMATION

Name:	Date of Birth, Day:	Month:	Year:
Address:	Postal Code:	Phone:	
Health Card #:			
Parent/G.:		Parent/G.:	

### Person to contact in case of emergency if parent/guardian is not available:

Name:	Relationship:	Phone:
Doctor's Name:	Phone:	
Dentist's Name:	Phone:	

### Does (has) your child have (had) any of the following? (circle)

Concussion:	YES	NO	/	Fainting during Exercise:	YES	NO
Epileptic:	YES	NO	/	Wears Contact Lenses:	YES	NO
Asthma:	YES	NO	/	Wears Dental Appliance:	YES	NO
Hearing Problem:	YES	NO	/	Trouble Breathing During Exercise:	YES	NO
Heart Condition:	YES	NO	/	Wears Medic Alert Bracelet:	YES	NO
Diabetes:	YES	NO	/	Surgery in the Last Year:	YES	NO
Allergies:	YES	NO	/	Medication:	YES	NO
Does your child have any health problems that would interfere with participation on a team?					YES	NO
Has your child sustained any injuries requiring medical attention in the last year?					YES	NO

**\*\*\*\*If you have answered yes to any of the above please give details on the back of this page\*\*\*\***

Date of Last Tetanus Shot: \_\_\_\_\_

Date of Last Physical Exam: \_\_\_\_\_

I understand that it is my responsibility to keep the team staff informed of any change in the above information. In the event of a medical emergency and no one can be contacted, I give the team management permission to arrange to take my child to a healthcare facility to see a doctor or dentist if deemed necessary.

I hereby authorize the doctor and nursing staff to undertake examination, investigation, and necessary treatment of my child. I also authorize the release of information to the appropriate people (coach, doctor) as deemed necessary.

Signature Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_