



Adult Code of Ethics

Swartz Creek Youth Football, Cheerleading, and POMS is a non-profit organization, with the sole purpose of promoting youth tackle football, instructional, competitive, and academic excellence.

These goals cannot be attained without the active participation and cooperation of parents/guardians and other adult volunteers. Due to the increasing violence and rising numbers of abuse incidents in our nation's youth football programs during and after games, the SCYF Board of Directors have unanimously approved a "ZERO TOLERANCE POLICY" (Full Policy located at http://www.swartzcreekyouthfootball.org/forms_files) related to inappropriate behavior at practices, games, and SCYF sponsored activities. The Board feels that league officials, parents, guests and coaches should be proactive in seeking a safe and instructive environment for children without the threat of violence, inappropriate behavior, or vulgar language on the sidelines.

While most inappropriate behavior is obvious, the actions that will not be tolerated include, but are not limited to the following:

- Parents and fans on the field without permission
- Inappropriate language (cussing, swearing, insults, etc.)
- Yelling negative comments at the referees or opposing players
- Antagonizing and/or instigating disagreements with players, parents, or officials
- Trashing fields
- Attending events drunk or smelling of alcohol
- Physical displays of aggression or threats of physical aggression
- Any action that officials or coaches deem to be inappropriate or the individual has previously been asked to stop doing.
- The use of tobacco products, alcohol or drugs at the school, Elms Park or any SCYF function

Any player, coach, official, parent, or fan, participating in inappropriate behavior will be ejected from the game. In cases where the offending party does not leave the area, then the field director in charge will immediately contact the police and request their assistance in having the offender removed. A league report will be filed, and if the same person is ejected twice, they will no longer be allowed to attend SCYF events. Based on the nature of the offense, criminal charges may be filed against the individual. Threats of or physical displays of aggression will be reported to the police. Any ejected person has the right to an appeal hearing by the Board of Directors. All parties involved will be notified and invited to attend the hearing. Every effort will be made to have hearings scheduled within 7-14 days of a written request.

The SCYF hopes these policies will ensure a safe, tolerable environment for your family to be around and your children to play in. Thank you for doing your part to help.



As Parent or Guardian

I hereby pledge to provide positive support, care, and encouragement for my child and other children participating with this program by following this Code of Ethics:

I will encourage and demonstrate by example, the importance of good sportsmanship and positive support for all players, coaches, and officials at all practices and games.

I will place the emotional and physical well-being of my child above my personal desire to win.

I will assist in maintaining an Alcohol, Tobacco and Drug free environment.

I will assist in teaching my child that rules are important and must be followed.

I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.

I understand that verbal and physical abuse is not tolerated against anyone in this organization including profanity and foul language.

I understand that racial epithets or negative communications related to a person/player's race, religion, gender, age, height, weight, ethnicity, or mental or physical disability will not be tolerated.

I will show respect for all officials, coaches, parents, guests and volunteers.

I will not create conflict by slander, malicious rumors, or threats, nor will I entice others to do so.

By signing below, I understand that the SCYF has adopted a ZERO TOLERANCE POLICY.

The Full Policy is located at http://www.swartzcreekyouthfootball.org/forms_files

I agree that by signing the Code of Conduct, I accept its rules as guidelines for my behavior as well as that of my immediate family. I understand this applies to all parents/guardians/step-parents/grandparents/etc. of participants. I also understand that it is my responsibility to convey this information to them. I agree that if I or members of my immediate family/friends/etc. fail to abide by Code of Conduct, I will be subject to disciplinary action that could include, but is not limited to, the following: If I violate any of the Code of Ethics it may result in the expulsion of my child's and/or my/our expulsion from any SCYF activity for not less that the balance of the current season, or as determined by the SCYF Executive Board.

Every Parent and Coach must abide by this policy.

Signature: _____ Date: _____

Print Name: _____ Date: _____

Player(s)Name(s): _____

Metro Youth Football League
AMATEUR MINOR ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in **Swartz Creek Youth Football, Cheer and Poms** / MYFL athletics/sports program, and related events and activities, the undersigned:

1. Agree that the parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accepts personal responsibility for the damages following such injury, permanent total disability or death.
4. Acknowledge that I have received and reviewed the Heads Up Parent and Athlete Concussion Information Sheet provided by **Swartz Creek Youth Football, Cheer and Poms** and MYFL in accordance with Public Acts 342 and 343 of 2012 and MDCH requirements.
5. Release, waive, discharge and covenant not to sue **Swartz Creek Youth Football, Cheer and Poms** / MYFL its affiliated clubs, their respective administrators, directors, agents, employees, other members or participants, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releases" from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

**I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN-UP
SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.**

Please Print Clearly

Participant Name (one per waiver) _____

Participant Signature _____ Date: _____

Participant Address _____ City _____

Name of Parent/Guardian _____

Relationship to Participant _____

Signature of Parent/Guardian _____ Date ____/____/____

Participant is: Football Player Cheerleader Flag Player Flag Cheer Poms Season: **2018**

Return this signed form to SCYF that must keep this form on file for the duration of participation or age 18.

Participants and Parents – Please review and keep the attached Educational materials available for future review.

Medical Treatment Consent

Participant Name: _____ Birth Date: _____

I (the undersigned), as the Parent or Legal Guardian of the child shown above, understand that as a result of his/her athletic participation, an injury could occur that may require medical attention. I further acknowledge that on occasion the coaches and staff of the MYFL, Local Area Staff, and available medical personnel may be unable to contact me immediately for my consent for emergency medical care. I do hereby authorize the staff of the **Swartz Creek Youth Football, Cheer and Poms** to consent on my behalf as they may deem necessary to such emergency medical care, including ambulance transport and hospital care, as may be deemed necessary under the then existing circumstances by available medical personnel. I so doing I assume responsibility for the expenses of any such care not covered by my insurance.

Parent or Legal Guardian : _____ Date: _____

Medical Insurance Carrier: _____ Group # _____
Name of Insured : _____ Member # _____

Current Allergies, Conditions, or Medications: _____

Swartz Creek Youth Football Cheer and Poms

Anti-Bullying Contract

Bullying is an unwanted, aggressive behavior that involves a real or perceived power imbalance between individuals with the intent to cause harm. In situations involving children, both those who are bullied and who bully others, many suffer serious, lasting problems.

Verbal bullying is saying or writing mean things. Examples include: Teasing, name calling, taunting, and threatening to cause harm.

Social bullying, sometimes referred to as relational bullying, involves hurting someone's reputation or relationships. Examples include: Leaving someone out of the activity on purpose, telling others not to be friends with someone, spreading rumors about someone, embarrassing someone in public, posting embarrassing pictures, videos, rumors sent by email, text or social media sites.

Physical bullying involves hurting a person's body or possessions. Examples include: hitting, kicking, pinching, spitting, tripping, pushing, taking or breaking someone's things, making mean or rude hand gestures.

Athletes, Parents, Coaches and Board members agree to the following:

- I will NOT Bully teammates, parents, coaches, board members, or game officials.
- I will stand up for myself, walk away, or ask a teammate, parent, coach, or board member for help if a teammate, parent, coach or board member bothers me.
- Report bullying to a coach, a parent, or SCYF board member when you see it.
- Work together and treat others with respect so bullying does not happen.
- Report any cyberbullying to your parents, coach, or SCYF board member immediately.

Policy & Consequences:

(Applies to athletes, parents, coaches, and board members)

SCYF board of directors will review all issues and make findings.

- Every attempt will be made to adequately investigate and fairly assess the severity of an alleged bullying incident. All parties involved will be kept informed and required to cooperate fully with SCYF Board of Directors to remedy the situation.
- Disciplinary actions for those individuals found to have violated the Anti-Bullying Contract
 - a. First offense verbal and written warning (athletes, parents, coaches, and board members)
 - b. Second offense game and practice suspension for 1 week
 - c. Third offense Banned from participating in SCYF Games/Events

Athlete Signature _____ DATE _____

Parent Signature _____ DATE _____

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

SIGNS OBSERVED BY COACHING STAFF:

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



"IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON"

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

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HEADS UP

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