

Providence Athletic Association

Parent Code of Conduct

I have given permission for my child/children to participate in Providence Athletics. We have discussed and agreed to the commitment, and dedication of the program. I understand and agree to the following terms and conditions as a parent:

1. I will display and encourage good sportsmanship to all participants, coaches, and officials at any PAA event.
2. I will ensure to have my child/children present at all practices and games promptly: If I am unable to do so, I will contact either the coach or team parent immediately.
3. I will pay all registration fees in a timely manner. I understand that these fees are non refundable after the season has started.
4. I understand that any returned check will have a \$35.00 returned check fee applied.
5. I understand that there will be a \$10.00 association membership fee yearly per family.
6. I will not use PAA as a babysitting service and I will supervise any children that I bring to the field/court for practice or games. If I am unable to do so, I will notify the coach or team parent and give proper contact information prior to leaving.
7. I will not use profanity, obscene gestures towards any coach, player or official.
8. I understand that there will be no alcoholic beverages permitted at any practices or games.
9. I will volunteer when I can and I understand that I will be asked to provide an occasional snack/drink, work in the concession stand, or assist in fundraising efforts for the association.
10. I will provide current contact information to the coach or team parent. I will inform the coach and team parent with any changes that happens throughout the season immediately.
11. I understand the coaches have full authority to place and play my child/children in the appropriate positions that best benefits my child/children abilities and the team. I understand that I will not interfere in this decision.
12. I will ensure that the coaches be informed of all pertinent medical conditions of my child. I will also ensure that the coaches have access to any and all medications for my child.

I give permission to Providence Athletic Association to use my child's picture or likeness, which may be taken at any event, for the use in advertisement, promotional materials, website displays, or publications.

I understand that I will be contacted via email or phone with changes in practice or game changes, information concerning the team.

Child/Children Name: _____

Parent or Guardian Signature: _____

Parent or Guardian Printed Name: _____

Date: _____

Sport: _____

Witness Signature: _____

Witness Printed Name: _____

Date: _____