

### **Coach's Code of Conduct for Middle Country Children's Soccer**

1. I will treat each player as an individual, remembering the large range of emotional and physical development within each age group.
2. I will do my best to provide a safe playing environment for my players.
3. I will promise to review and practice basic first aid principles needed to treat injuries of my players.
4. I will do my best to organize practices that are fun and challenging for all my players.
5. I will lead by example in demonstrating fair play and sportsmanship to all my players.
6. I will be knowledgeable in the rules of each sport that I coach, and I will teach these rules to my players.
7. I will use those coaching techniques appropriate for all the skills that I teach.
8. I will remember that I am a soccer coach, and that the game is for children and not adults.

Coach sign and Date \_\_\_\_\_

Print name \_\_\_\_\_

### **Parent's Code of Conduct for Middle Country Children's Soccer**

1. I will not force my child to participate in soccer.
2. I will remember that children participate to have fun, and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or others.
4. I will learn the rules of the game and the policies of the league.
5. I will be a positive role model for my child, and encourage sportsmanship by showing respect and courtesy.
6. I will not engage in any unsportsmanlike conduct with any official, coach, player or parent, such as booing and taunting, refusing to shake hands, or using profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health or wellbeing of the players.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand my child treat players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so my child will never feel defeated by the outcome of a game or by his or her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participant for making a mistake or losing a competition.
13. I will emphasize skill development and practices, and how they benefit my child, over winning.
14. I will promote the emotional and physical wellbeing of the players ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will not question, discuss or confront coaches at the game field. I will speak with coaches at an agreed time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco and alcohol, and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or others during games and practices unless I am an official coach.

Parent sign and date \_\_\_\_\_

Print name \_\_\_\_\_

Child's name and birth year \_\_\_\_\_

# Middle Country Children's Soccer

PO Box 52 Centereach, NY 11720 ~ 631-938-MCCS(6227) ~ [www.mccsoccer.org](http://www.mccsoccer.org)

## Player Registration Form

### PLAYER INFORMATION: Please PRINT clearly!

Last Name:		First Name:		Nickname:	
Street Address:		Town:		State:	Zip:
Date of Birth: ____/____/____		Male <input type="checkbox"/> Female <input type="checkbox"/>		Home Phone:	
Has registrant played soccer before? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "Yes", is registrant a returning MCCS Player? Yes <input type="checkbox"/> No <input type="checkbox"/>		Has registrant played travel soccer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Is registrant a goalkeeper? Yes <input type="checkbox"/> No <input type="checkbox"/>
Child login Email: (Optional - to allow children to log into the SI Play Mobile App and Team Website)					

### PARENT/GUARDIAN INFORMATION

Father/Guardian Full Name:		Mother/Guardian Full Name:	
Home phone: (if different from above)		Home phone: (if different from above)	
Cell Phone:		Cell Phone:	
Email:		Email:	
Does registrant have any medical issues, special needs or carpool requests? Yes <input type="checkbox"/> No <input type="checkbox"/>		If "yes" please explain:	

### EMERGENCY CONTACT

Last Name:	First Name:
Home phone:	Cell Phone:

### VOLUNTEER SUPPORT

Middle Country Children's Soccer (MCCS) is run completely by volunteers. Without your help, the children in your soccer program suffer. Please consider supporting your child's soccer league by volunteering for one (or more) of the following volunteer positions:

**Name of person volunteering:** \_\_\_\_\_

☐ Coach    ☐ Assistant Coach    ☐ Team Parent    ☐ Field Maintenance    ☐ Board Member    ☐ Sponsor

Please list experience you may have to carry out any of the above: (Current coaches/assistant coaches **MUST** list whom they wish to coach with):

As the parent or legal guardian of the above registrant, I hereby give full consent for my child to participate in Middle Country Children's Soccer's programs. I understand there are risks of injury in the practice and play of soccer. I am willing to accept these risks on my child's behalf as a condition of my child's participation in MCCS's soccer program. I hereby declare that my child has no physical or mental disabilities that would restrict full participation in soccer, except as listed above, and that he/she is capable of full participation. I understand the coaches are volunteer parents and they are not trained to handle children with special medical or emotional needs. I do hereby waive, release and hold harmless Middle Country Children's Soccer, its officers, coaches, sponsors, and representatives for any injury that may be suffered by my child in the course of participation in soccer and the activities incidental thereto, whether the result of negligence or any other cause. I have read and agree to the above waiver. I have also read the Code of Conduct on the reverse of my copy of this Player Registration form. I realize that my failure to comply with MCCS's rules will result in my child being ineligible to participate in this program. I understand noncompliance on my part, or the non-compliance of any spectators I may bring as guests, forfeits all privileges of participation and all fees. I also recognize that:

1. Proof of Age (copy of Birth Certificate) is **required** for first time registrants.
2. MCCS **does not** entertain any **special requests** for team assignments.
3. Carpools requests are closely scrutinized and are **not guaranteed**.
4. There are **no refunds** once season starts.
5. There is **no switching** of teams for any reason.
6. Uniforms are **not included** in registration fees
7. MCCS is **NOT** responsible for bounced check fees, fees to be paid prior to your child being placed on a team.
8. No Travel players are allowed to play intramural.

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

\_\_\_\_\_  
Date

**FOR LEAGUE USE ONLY**

Registration fee \$ _____	Received By _____
Discount \$ _____	Date _____
Total \$ _____	Cash <input type="checkbox"/> Yes <input type="checkbox"/> No
Total received \$ _____	Check # _____

Name on check \_\_\_\_\_

Birth Certificate: ☐ Yes ☐ No      Returning player: ☐

Division \_\_\_\_\_      Birth Year \_\_\_\_\_