

WARRIOR ATHLETIC CLUB

CODE OF CONDUCT

Expectations for our Coaches, Players, and Parents:

COACHES

1. To communicate with all players and to coach all players equally.
2. To provide a post-season evaluation including statistics to each player regarding their strengths and weaknesses.
3. To provide a post-season evaluation including statistics for each player to the WAC.
4. To encourage all players to get involved in the Waukee High School program.
5. To run organized practices that are fun and properly teach the game.
6. To be patient and caring with players.
7. To create an atmosphere that is fun for players.
8. To demonstrate by their actions and words proper sportsmanship.
9. To establish a proper learning environment for athletes.
10. To set a proper example of organization, leadership, and communication.
11. To develop a season practice and tournament schedule and provide those to the WAC.

PLAYERS

1. To recognize the WAC team is the number one athletic team.
2. To work hard to get better as a player.
3. To work hard to be a good team member.
4. To be loyal to your team, program, and coaches.
5. To set goals, and work to reach them. Do not just hope for success, work for it.
6. To carry on the good name of all of the players that has come before you.
7. To practice good sportsmanship.
8. To communicate with your coaches and other team members.

PARENTS

1. To support all of the players on the team – not just your own. Adopt the players/parents as a part of your extended family.
2. To make a commitment to the team and its sacrifices.
3. To support your coaches.
4. To participate with your daughter to improve her skills and enjoyment of the experience. Most coaches will appreciate your help at practices. Talk with the coaches about fundamentals and terminology so the player is hearing one language. Be a spectator at games and let your coaches and your daughter work together.

I HAVE READ AND AGREE TO THE EXPECTATIONS REGARDING CONDUCT FOR THE WARRIOR ATHLETIC CLUB COACHES, PLAYERS, AND PARENTS.

Player _____ Date _____

Parent _____ Date _____

WARRIOR ATHLETIC CLUB
REQUEST TO PARTICIPATE IN AN ACTIVITY
ACKNOWLEDGMENT OF RISK and AGREEMENT

Date: _____

I, the undersigned, am familiar with the practice and play areas/facilities used for participating in sports activities and request permission for my daughter

(Player's name - please print)

to participate in the girls softball program offered by the Warrior Athletic Club. I realize that there are risks and dangers involved in these activities that could lead to serious injury.

Because of the dangers involved I recognize the importance of all participants following the Coach's instructions regarding playing techniques, training and other activity rules, etc. and agree that my daughter shall obey such instructions.

In consideration of your acceptance of my daughter into the Warrior Athletic Club Girls Softball Program, I hereby for myself, my heirs, executors, administrators, waive any and all rights and claims for damages I may have against individuals associated with the Warrior Athletic Club for any and all injuries suffered by the above named child during, because of, or in travel to or from any activity involving the club. I attest and verify that I have full knowledge of risk involved in this program and that the above named player is fit and sufficiently trained to participate in this program.

I further acknowledge that all coaches, organizers and coordinators for the Warrior Athletic Club are volunteers and certify that my daughter's attendance and participation in all activities offered by the Warrior Athletic Club is voluntary.

I HAVE READ AND UNDERSTAND THE FOREGOING REQUEST, ACKNOWLEDGMENT AND AGREEMENT.

(Player's Signature)

(Date)

(Parent/Legal Guardian's Signature)

(Date)

(This form will be on file with the Warrior Athletic Club Coach throughout the 2007 season.)

Warrior Athletic Club

MEDICAL HISTORY, INFORMED CONSENT, AND RELEASE FORM

I hereby give my permission for _____ to participate on the 2007 Warrior Athletic Club (WAC) Softball Team. Further, I authorize the coaching staff to provide emergency medical treatment of an injury to or illness by my child if qualified medical personnel consider treatment necessary. I further authorize any qualified, licensed physician to render medical treatment which in his or her judgment may be deemed necessary in the care of: _____

(PRINT player's name)

This authorization is only granted if I cannot be reached and a reasonable effort has been made to do so.

_____ Dated this ____ day ____ month ____ year
Parent/Guardian's Signature

PERSONAL INFORMATION

Name: _____ Age: _____ DOB: _____

Street Address: _____

City/State/Zip: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

Other person to be contacted in case of an emergency: _____

Relationship to child: _____ Phone: _____

MEDICAL INFORMATION

Child's Physician: _____ Phone: _____

Hospital Preference: _____ Phone: _____

Date of last tetanus toxin: _____ Are glasses worn: _____ Contact lenses: _____

Medications taken regularly: _____

Known allergies/drug reactions: _____

Pertinent existing physical information: (diabetes, seizures, head injury, unconsciousness and/or confusion): _____

Previous serious injuries (date and nature): _____

INSURANCE INFORMATION

Insurance company: _____ Policy #: _____

Subscriber's name: _____

Place of employment: _____ Phone: _____