



Coach, Player and Parent Athletic Conduct Pledge Agreement

Basic Responsibility

"I will represent BAC Girls Traveling Slow Pitch Softball with my personal best efforts, never bringing embarrassment or an unfavorable view to my team, coaches, family, BAC GTSP, or the community."

BAC Girls Traveling Softball Sportsmanship Code

I will do my best to remember that sports are supposed to be fun and to enjoy competition. Winning and losing is part of the game. I will respect both my team and opponents.

By signing the team agreement form, this indicates that the both Parents and Athletes understand and agree to this responsibility.

Penalty

Abusing rules brings restrictions. A penalty may vary from a verbal warning, coach discussion with parents and commissioner, a one game suspension, or season suspension. Depending on the severity of the incident, it may also lead to permanent restrictions for this season and/or the following sport season. A process will be followed to involve parents, league commissioner and the BAC commissioner if necessary. Examples of penalties and the Grievance process are detailed in the GTSP Softball Guidelines found at www.bactravelingsoftball.org.

Athletic Program Pledge

Every player and parent will be required to read and sign the team agreement form before participating in the program

Participation in a Girls Traveling Slow Pitch Softball (GTSPS) program is a privilege that should show great pride from both the athletes and their family. It is also a responsibility that demands extra commitment, once they decide to wear the GTSPS colors and represent their teammates, coaches, school and community. Standards of behavior are high and a willingness to live up to them is part of being a member of a team.

Player Rights

1. Right to participate in sports.
2. Right to have a good role model as a coach.
3. Right to play as a child not an adult.
4. Right to express my opinion in a proper manner to my coaches.
5. Right to play in safe and healthy environments.
6. Right to be properly prepared to play in games.
7. Right to equal opportunities to develop my skills.
8. Right to be treated fairly and with respect.
9. Right to have fun in sports.

Player Pledge

I will promise to conduct myself in accordance to the following Code of Conduct at all times understanding that there will be consequences if abused.

1. I will treat each athlete, coach, parent and official with respect and dignity.
2. I will do my best to attend all practices to learn the fundamental skills, and be attentive to coaches to learn game strategies.
3. I will contact my coach if I am unable to attend a practice or game.
4. I will accept the calls of the officials and will play to the rules of the game.
5. I will give my personal best effort at all times to help my team and coaches.
6. I will treat all equipment, fields and facilities with respect and adhere to all the rules of the area.
7. I will control Emotional and Verbal outbursts that are detrimental to me or those around me.
8. I will not use or possess drugs, alcohol or tobacco.
9. I will not use profanity.

Parent Guidelines

1. Remain in the spectator area.
2. Let the coach be the coach, do not coach from the stands.
3. Provide only supportive comments to coaches, officials, and players of both teams. Avoid derogatory comments.
4. Parents should not indulge in the use of tobacco, alcohol or drugs while attending Traveling Softball events during the games at the fields. Alcohol use is prohibited on the field during GTSP games and tournaments.
5. Be in control of your emotions.
6. Help when asked by coaches and/or officials.
7. Show interest, enthusiasm, and support for your child and others on the team.

BAC Girls Traveling Slow Pitch Softball

Coach, Player and Parent Athletic Conduct Pledge Agreement

Team name _____

Level/Age _____

Printed Name

Signature

Coach: _____

Coach: _____

Coach: _____

Team Coordinator: _____

Player Signature

Parent(s) Signature

Date

1 Player/ Parent(s): _____

_____/_____

2 Player/ Parent(s): _____

_____/_____

3 Player/ Parent(s): _____

_____/_____

4 Player/ Parent(s): _____

_____/_____

5 Player/ Parent(s): _____

_____/_____

6 Player/ Parent(s): _____

_____/_____

7 Player/ Parent(s): _____

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8 Player/ Parent(s): _____

_____/_____

9 Player/ Parent(s): _____

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10 Player/ Parent(s): _____

_____/_____

11 Player/ Parent(s): _____

_____/_____

12 Player/ Parent(s): _____

_____/_____

13 Player/ Parent(s): _____

_____/_____

14 Player/ Parent(s): _____

_____/_____

**By signing this agreement form the above person(s) understands the responsibilities of their player pledge.

BAC Girls Traveling Slow Pitch Softball Emergency Information and Consent Form

(Please print all entries except signatures)

Registrant's Name _____ Level and Season _____

Parent Guardian Agreement

I, The Parent/Guardian of the registrant, a minor agree that I and the registrant will abide by the rules of the GTSPS (Girls Traveling Slow Pitch Softball) and its affiliated organizations. Recognizing the possibility of physical injury associated with sports and in consideration for GTSPS accepting the registrant for its sport programs and activities. I hereby release and discharge GTSPS and its affiliated organizations, their employees and associated personnel, including the owners of fields and facilities utilized for the Program, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

Parent/legal Guardian _____

Date _____ Signature _____

Emergency contact Information:

1st Contact: _____
Name Phone Number relationship

2nd Contact _____
Name Phone Number relationship

Physician/Clinic Name Location Phone Number

Dentist Name Location Phone Number

Medical Insurer Policy number/ID

Dental Insurer Policy number

List any medical problems, limitations, or prohibitions the player might have.

CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian of a participant in the GTSPS program, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the live, limb or well being of my dependent.

Date _____
Signature of Parent or Legal Guardian _____

Notes: 1) High school graduate players over the age of 18 who are not claimed as dependents by their parents may sign this form for themselves.

2) As a portion of the seasonal GTSPS registration Form, the Parent/Guardian Agreement must be signed before a player participates in any activity. This form is to be retained by the Team during the season.

3) If the CONSENT FOR MEDICAL TREATMENT part of this form is not signed by a parent of legal guardians, one of them must accompany that player to and from, and remain in proximity to them, during Program events and activities.

4) If the player wears eyeglasses during play, lenses and frames of a type acceptable to the referee must be provided at the player's responsibility.