FYSA CODE OF ETHICS

PLAYERS:

- I will encourage good sportsmanship from fellow players, coaches, officials and parents at all times.
- I will always remember that soccer is an opportunity to learn and have fun.
- I deserve to play in an environment that is free of drugs, tobacco and alcohol: and expect everyone to refrain from their use at all soccer training and games.
- I will do the best I can each day, remembering that all players have talents and weaknesses the same as I do.
- I will treat my coaches, other players and coaches, game officials, other administrators, and fans with respect at all times; regardless of race, sex, creed or abilities and I will expect to be treated accordingly.
- I will concentrate on playing soccer, always giving my best effort.
- I will play by the rules at all times.
- I will at all times control my temper, resisting the temptation to retaliate.
- My conduct during competition towards play of the game and all officials shall be in accordance with appropriate behavior, and in accordance with FIFA'S Laws of The Game, and in adherence to FYSA rules.
- While traveling, I will conduct myself so as to be a credit to myself, and my team.
- A player cannot be cut from a team after he/she is registered to that team, unless he/she has exhibited conduct requiring dismissal, without prior consent from the BOD. If requested by the player and/or parent, a hearing must be held for any involuntary player release.
- **Alcohol, illegal drugs, tobacco products and unauthorized prescription drugs shall not be possessed, consumed or distributed before, during or after any game or at any time at the field and/or game complex.**

PARENTS/SPECTATORS:

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, game officials, and administrators at all times.
- I will place the emotional and physical well being of all players ahead of any personal desire to win.
- I will support the coaches, officials, and administrators working with my child, in order to encourage a positive and enjoyable experience for all.
- I will remember that the game is for the players, not for the adults.
- I will ask my child to treat other players, coachers, game officials, administrators, and fans with respect.
- I will always be positive.
- I will always allow the coach to be the only coach, by refraining from coaching from the sidelines.
- I will not enter into arguments with the other team's parents, players, or coaches.
- I will not enter the field of play for any reason during the game.
- I will not criticize game officials.
- **Alcohol, illegal drugs, tobacco products and unauthorized prescription drugs shall not be possessed, consumed or distributed before, during, after the game or at any other time at the field and/or game complex.**

Failure to comply may result in the suspension of your privilege to participate in FYSA sanctioned events, for the following periods:
1st Offense: Suspension for a minimum thirty (30) days to a maximum of (5) year.

2nd offense: Suspension for a minimum of one (1) year to a maximum of ten (10) years.

3rd offense: Suspension for a minimum of five (5) years to a maximum of fifty (50) years.

FYSA ACKNOWLEDGMENT OF REGISTRATION

FYSA RECOMMENDS THAT PLAYERS NOT REGISTER TO A TEAM WHOSE AGE GROUP EXCEEDS THE PLAYERS NORMAL AGE

INSURANCE NOTICE: All injuries must be reported within 90 days of the date of the injury.

INFORMED CONSENT: I, the parent/guardian of the registrant, agree that we will abide by the rules **of Pinecrest Premier Soccer Club**, the state association (FYSA) and all its affiliated organizations. My/our child wishes to participate in soccer during the season of this registration. I/we realize risks are involved in my/our child's participation. I/we understand that the risk to my/our child includes full range of injuries from minor to severe, and the result could be death, paralysis, or other serious, permanent disability. I/we accept this risk as a condition of my/our child's participation.

PLAYER NAME (PRINT)	PLAYER SIGNATURE	Date
PARENT NAME (PRINT)	PARENT SIGNATURE	Date