CODE OF ETHICS

PARENT(s)

I hereby pledge to provide positive support, care, and encouragement for my child while they are participating in youth sports by following this "PARENTS" Code of Ethics Pledge.

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game and practice.
- I will place the emotional and physical well being of my child ahead of a personnel desire to win
- I will insist that my child play in a safe and healthy environment
- I will demand a sports environment for my child that is free of drugs, tobacco and alcohol, and will refrain from their use at all youth sports events.
- I will remember that the game is for my child – not for me.
- I will do my very best to make youth sports fun for my child
- I will ask my child to treat other parents, coaches, fans and officials with respect regardless of race, sex, creed or ability
- I will promise to help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching or providing transportation.
- I will require that my childs coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the ""COACHES" Code of Ethics pledge.
- I will adhere to the West Boynton Little League Baseball Rules and Regulations and the rules of our league affiliate Little League.
- I will do my best to help my child deal with defeat as well as winning.

_____	_____	_____
Signature (Parent)	Print Name (Parent)	Date
_____	_____	_____
Signature (Parent)	Print Name (Parent)	Date:

COACH

- I will place the emotional and physical well-being of my players ahead of a personnel desire to win
- I will treat each player as an individual, remembering the large range of emotional and physical development within the same age group.
- I will do my best to provide a safe playing situation for my players.
- I promise to review and practice the basic first aid principles needed to treat injuries of my players
- I will do my best to organize practices that are fun and challenging for my players
- I will lead by example in demonstrating fair play and sportsmanship to all my players
- I will be KNOWLEDGEABLE in the rules of each sport that I coach, and I will teach these rules to my players.
- I will use those coaching techniques appropriate for each of the skills that I teach
- I will remember that I am a youth sports coach, and the game is for children not adults.
- I will encourage good sportsmanship by demonstrating positive support for all players, coaches and official at every game and practice. My actions in front of the children will be above reproach.
- I will adhere to the West Boynton Little League Baseball Rules and Regulations and the rules of our league affiliate Little League.
- I will do my best to help each child deal with defeat as well as winning.

_____	_____	_____
Signature (Parent)	Print Name (Parent)	Date:

WEST BOYNTON BEACH LITTLE LEAGUE

Informed Consent about Concussions for Head Injuries

Effective July 1, 2012 Florida Statute 943.0438, requires the parent or guardian and the youth who is participating in athletic competition or who is a candidate for an athletic team to sign and return an informed consent that explains the nature and risk of concussion and head injury, including the risk of continuing to play after a concussion or head injury, each year before participating in athletic competition or engaging an any practice, tryout, workout, or other physical activity associated with the youth candidacy for an athletic team.

The Facts:

- A concussion is a brain injury
- All Concussions are serious
- Concussions can occur without loss of consciousness.
- Concussions can occur in any sport
- Recognition and proper management of concussion when they first occur can help prevent further injury or even death.

What is a concussion? A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a "ding", "getting your bell rung", or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as goals, even if they do dot directly hit their head.

To help recognize a concussion, you should watch for the following two things among your athletes:

1. A forceful blow to the head or body that results in rapid movement of the head. - and -
2. Any change n the athlete's behavior, thinking or physical functioning.

Signs & Symptoms of concussion that may be reported by a coach or other observer:

- Appears dazed or stunned
- Is confused about assignment or position
- Is unsure of game, score or opponent
- Loses consciousness (even briefly)
- Moves clumsily
- Forgets sports plays
- Answers questions slowly
- Can't recall events prior to hit or fall

Signs & Symptoms that may be reported by the player:

- Headache or - pressure in head
- Nausea or vomiting
- Balance problems or dizziness
- Sensitivity to light
- Does not - feel right
- Felling sluggish, hazy, foggy, or groggy
- Double or blurry vision
- Concentration or memory problems
- Confusion

WEST BOYNTON BEACH LITTLE LEAGUE

Informed Consent about Concussions for Head Injuries

Both Parents/Guardians and players are advised to take the Center for Disease Control's free online concussion training at : hppt://www.cdc.gov/concussion.HeadsUpConcussion.html

Under Florida law a player who has a suspected concussion or head injury must be removed from play or practice. Before the player may return to practice or competition a written medical clearance to return stating the youth athlete no longer exhibits signs, symptoms, or behavior consistent with a concussion or other head injury must be received from a appropriate health care professional trained in the diagnosis, evaluation and management of concussions. In Florida, an appropriate health-care professional *chap) is defined as either a licensed physician (MD as per Chapter 458, Florida Statutes), a licensed osteopathic physician (DO as per Chapter 459, Florida Statutes), a licensed physician assistant under the supervision of a MD/DO (as per Chapters 458.347 & 459.022, Florida Statutes or a health care professional trained in the management of concussions.

I have read and understand this consent form and I volunteer to participate

Player Name: _____ Division: _____

Signature: _____ Date: _____

As parent or guardian, I have read and understand this consent form and I give permission for my child, named above to participate.

Parent / Legal
Guardian Name: _____

Signature: _____ Date: _____

LITTLE LEAGUE® BASEBALL AND SOFTBALL
MEDICAL RELEASE

NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or International Tournament Affidavit.

Player: _____ Date of Birth: _____ Gender (M/F):_____

Parent(s)/Legal Guardian Name:_____ Relationship:_____

Parent(s)/Legal Guardian Name:_____ Relationship:_____

Player's Address:_____ City:_____ State/Country:_____ Zip:_____

Home Phone:_____ Work Phone:_____ Mobile Phone:_____

PARENT OR LEGAL GUARDIAN AUTHORIZATION: Email: _____

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel(i.e. EMT, First Responder, E.R. Physician).

Family Physician: _____ Phone: _____

Address: _____ City:_____ State/Country:_____

Hospital Preference: _____

Parent Insurance Co:_____ Policy No.:_____Group ID#:_____

League Insurance Co:_____ Policy No.:_____ League/Group ID#:_____

If Parent(s)/Legal Guardian cannot be reached in case of emergency, contact:

_____
Name Phone Relationship to Player

_____
Name Phone Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication (i.e. Diabetic, Asthma, Seizure Disorder).

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. _____
Authorized Parent/Legal Guardian Signature Date:

FOR LEAGUE USE ONLY:

League Name:_____ League ID:_____

Division:_____ Team:_____ Date:_____

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.