



Jr. Lancers Football Organization

Parent Code of Conduct

Jr. Lancers Football Organization is committed to developing young athletes physically, emotionally and socially through their participation in Jr. Lancers football and cheerleading programs. The skills developed in these programs will serve the participants not just in their future sports endeavors, but also in every aspect of their lives. Children learn by example, thus we are dedicated to providing the best models of sportsmanship, fairness, respect, self-control, teamwork and trust within a safe environment that builds confidence and self-esteem.

In recognizing these goals, we understand that the following behaviors are detrimental to the physical, emotional and social well-being of our athletes, and therefore cannot be tolerated:

- Engaging in any behavior that disrupts games, practices, or any other Jr. Lancer activity;
- Acting in an unsportsmanlike manner toward athletes, coaches, parents, or officials whether part of Jr. Lancer or another association;
- Using or being under the influence of drugs, alcohol, or tobacco while coaching, participating in, or officiating a Jr. Lancer event;
- Using profanity or other offensive or inappropriate language;
- Engaging in behavior that in any way jeopardizes the health, safety or physical well-being of any person;
- Making any verbal or physical threats to any other person;
- Fighting of any kind, which includes but is not limited to physical contact which may result in injury;
- Acting in a manner that any reasonable person would realize is detrimental to Jr. Lancer or its participants.

Jr. LANCERS FOOTBALL ASSOCIATION **PARENT CODE OF CONDUCT AGREEMENT**

I, _____, have read the above Code of Conduct and understand what I have read. As a parent of a Jr. Lancers Football Association athlete, I agree that I will not engage in or encourage any behavior that violates the Code. I understand that if I violate the Code or encourage behavior that violates the Code, I may be banned from all future Jr. Lancers Football Association activities and my child may be barred from future participation in Jr. Lancers Football Association programs.

Signed _____

Date _____

Code of Conduct
Jr. Lancer Player Expectations
"Play, Study, and Practice Like a Champion"

1. As a Jr. Lancer football player you are representing yourself, your family, the Jr. Lancer program, your teammates, and coaches. This includes non-school hours. You are expected to behave and act in a responsible manner.

- Discipline - We expect our players to have discipline with their academics, athletics, and off field behavior.
- Effort - As a player, you can control the amount of effort you give in the classroom and playing field. Ability and athleticism have no influence on the amount of effort you give.
- Attitude -You control what outlook you have on any situation in your life. Learn from experiences and make them positive.
- Character/Class - Be a strong, moral, and ethical person. Always do what is right no matter who is watching. "You are what you are when no one is watching" author unknown
- Respect - Respect yourself; respect this place, respect each other
- Sacrifice - The team always comes before the individual. The only effort that is acceptable in our program is 100% all the time.
- EVERY PLAYER COUNTS. NO ONE PERSON IS MORE IMPORTANT IN OUR PROGRAM THAN ANY OTHER.

2. Personal Conduct/ Appearance

- Players will refrain from taking alcohol, tobacco, and controlled substances.
- Look at an official, coach, or teammate when they are speaking with you. It is courteous and respectful. Always treat everyone with respect and courtesy.
- No cursing
- No earrings or jewelry will be worn on the practice field or game field.

3. Classroom

- Conduct yourself as a gentleman and show respect to your teachers, classmates, administrators, and family at all times. Be on time to school and class. Do not be a discipline problem; remember that your behavior reflects on the entire program. Take your studies seriously, remember that education is the number one reason you are in school.

4. Practices/Game Behavior

- Be on time and attend practice regularly. Remember, if you miss practice a teammate is working and getting better that day and you may lose your position or playing time. Upon returning, the player is responsible for making up missed conditioning.
- If you are going to miss practice or you are going to be late, you need to call a coach.
- Unexcused absences from practice will result in loss of playing time during games. The amount of time lost or not playing in the game that week will be the decision of the head coach at the respective level.
- Come to practice prepared: helmet, pads, pants, jersey, shoes, etc.
- Games - do not do anything that draws negative attention to yourself or embarrasses our team. Always address officials as "sir".

5. Miscellaneous

- Report any injuries to a coach or trainer immediately.
- We expect you to ask questions if you do not understand something.
- WE DO NOT ALLOW HAZING OR MISTREATMENT OF ANY PLAYER OR STUDENT.

(Please detach, sign and send back to your coach.)

I _____, Have read the Jr. Lancer Football expectations and understand the expectations of being a Jr. Lancer Football Player. I understand what is expected of me to be a member of the Jr. Lancer Football Program. By following these expectations I am helping our program have the best opportunity for success. I am a team player and am willing to put the good of the team ahead of myself.

Player Signature _____ Date _____

We, the Parents/Guardian of _____ have read the Jr. Lancer Football Expectations and understand what is expected from our child.

Parents Signature _____ Date _____



PHYSICAL EXAMINATION FORM

FOR

KINDERGARTEN • NEW STUDENTS • GRADE 6 • HIGH SCHOOL ATHLETICS/ACTIVITIES

PLEASE RETURN COMPLETED HEALTH EXAMINATION FORM TO THE SCHOOL NURSE.
ANY QUESTIONS REGARDING COMPLETION OF THIS FORM MAY BE DIRECTED TO THE SCHOOL NURSE.

Student Name: _____

Date of Birth: _____ Grade: _____

TO BE COMPLETED BY PHYSICIAN

DATE OF EXAM: _____

IMMUNIZATIONS (attach record)

PHYSICAL

Height: _____ Weight: _____ B/P _____ / _____ Pulse: _____

Eyes: R - 20/ _____ L - 20/ _____ Hearing: _____

Scoliosis screening: _____

Review of System: _____

Note any problems: _____

HISTORY

Asthma: No Yes

ADHD: No Yes

Chronic Condition/Major Surgeries: (list, give date)

ORTHOPEdic EXAM (for PE/sports participation)

Back/Neck/Shoulders/Extremities: WNL _____

If not, please explain: _____

Recommendation for PE/Sports: Full Limited None

Clearance withheld until: _____

If limitations, please explain: _____

SIGNATURE OF EXAMINER: _____

Name (please print) _____

Address: _____

Phone: _____

ORTHOPEdic HISTORY (for sports participation)

Previous Injury Date: _____

Explain: _____

Special Seating Recommendations: _____

Medical Treatment Needed at School: _____

Other Health Recommendations: _____

FOR HIGH SCHOOL SPORTS PARTICIPATION ONLY - Parent's or Guardian's permission: I hereby give my consent for the student to represent his/her school in interscholastic activities, except those stated on the form by the examiner; I also give my consent for him/her to accompany the team as a member of its out-of-town trips and will not hold the school responsible in case of accident or injury. I also give consent and authorize the school to obtain, through a physician of its choice, such medical care as is necessary for the welfare of the student, if he/she is injured in the course of school activities.

Signature of Parent _____ Date _____



Lancer Football Organization

PARENTAL CONSENT AND MEDICAL APPROVAL

INSTRUCTIONS: BRING TO KICK OFF MEETING IN AUGUST OR FIRST PRACTICE. MUST BE COMPLETED PRIOR TO PARTICIPATION.

PLAYER INFORMATION

NAME

PHONE

ADDRESS

CITY

ZIP

GRADE ENTERING NEXT FALL: 6TH 7TH 8TH (CIRCLE ONE)

AUTHORITY TO FURNISH MEDICAL TREATMENT

I GIVE MY CONSENT AND AUTHORITY TO ALL HOSPITALS AND THEIR MEDICAL STAFFS TO RENDER EMERGENCY MEDICAL CARE AND TREATMENT TO MY CHILD LISTED ABOVE.

(PARENT OR LEGAL GUARDIAN)

(DATE)

MEDICAL APPROVAL

THE ABOVE NAMED PLAYER IS KNOWN TO ME AND IS PHYSICALLY FIT TO PARTICIPATE IN FULL-CONTACT FOOTBALL.

APPROVED BY PHYSICIAN

(M.D.,D.C.,D.O.)

DATE

OFFICE PHONE

PHYSICIAN NAME OR OFFICE STAMP