

COACH/ADVISOR CODE OF CONDUCT

I will place the emotional and physical well being of my team ahead of my personal desire.

I will treat each person as an individual, remembering the large range of emotional and physical development for the same age group.

I will do my best to provide a safe training situation for my team.

I promise to review and practice the basic first aid principles needed to treat the injuries of my team. I will stress habits that promote good health.

I will do my best to organize practices that are fun and challenging for all my team.

I will lead by example in demonstrating fair play and sportsmanship to all my team.

I will use those coaching techniques appropriate for each of the skills that I teach for this sport with consideration to the person's developmental ranges and abilities.

I will be generous with praise when it is deserved. I will be consistent and honest, fair and just. I will not criticize anyone publicly. I will learn to be a more effective communicator and coach.

I will adjust to the personal needs and concerns of the team. I will be a good listener.

I will give all players the opportunity to improve their skills, gain confidence, and develop self-esteem.

I will maintain an open line of communication with the advisors/parents. I will explain and maintain the goals and objectives of the sport association.

I will remember that I am a youth sports Coach/Advisor and that the sport is for the children and not the adults.

Coach/Advisor Signature: _____

Date: _____

Adult volunteer new requirements:

Please provide MOJCA with three references, these would preferably be from organizations you have worked with in the past (ie. Girl Scouts, Soccer, Softball, PTA). If you do not have three work/volunteering references please provide us with personal references.

Please keep in mind that the township is requiring MOJCA to check references, your cooperation in this new process is highly appreciated.

Thank you.

References:

1. Name _____ Tel # _____
Organization _____ Date of Services _____

2. Name _____ Tel # _____
Organization _____ Date of Services _____

3. Name _____ Tel # _____
Organization _____ Date of Services _____