

M.B.M.S. Code of Conduct for Student-Athletes

Athletic competition should demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. The highest potential of sports is achieved when participants are committed to pursuing victory with honor according to the following "Six Pillars of Character" (Adopted and modified from CIF Code of Conduct for Interscholastic Coaches).

TRUSTWORTHINESS

1. *Trustworthiness* — be worthy of trust in all I do.
 - Integrity* — live up to high ideals of ethics and sportsmanship and always pursue victory with honor; do what's right even when it's unpopular or personally costly.
 - Honesty* — live and compete honorably; don't lie, cheat, steal or engage in any other dishonest or unsportsmanlike conduct.
 - Reliability* — fulfill commitments; do what I say I will do; be on time to practices and games.
 - Loyalty* — be loyal to my school and team; put the team above personal glory.

RESPECT

2. *Respect* — treat all people with respect all the time and require the same of other student-athletes; respect all equipment and use it safely and appropriately. If any school personnel have to speak with a student concerning his/her behavior before a game, he/she will not be allowed to play in the game that day. If inappropriate behavior occurs after the game, the student will not play in the following game.
3. *Class* — live and play with class; be a good sport; be gracious in victory and accept defeat with dignity; give fallen opponents help, compliment extraordinary performance, show sincere respect in pre- and post-game rituals.
4. *Disrespectful Conduct* — don't engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual or ***racial*** nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.
5. *Respect Officials* — respect the integrity and judgment of game officials; don't complain about or argue with official calls or decisions during or after an athletic event.

RESPONSIBILITY

6. *Importance of Education* — place academic achievement as the highest priority.
7. *Role Modeling* — remember, participation in sports is a privilege, not a right and that I am expected to represent my school, coach and teammates with honor, on and off the field. Consistently exhibit good character and conduct yourself as a positive role model. **Suspension or termination of the participation privilege is within the sole discretion of the school administration.**
8. *Self-Control* — exercise self-control; do not fight, retaliate, or show excessive displays of anger or frustration.
9. *Healthy Lifestyle* — do not use any illegal or unhealthy substances including alcohol, tobacco and drugs or engage in any unhealthy techniques to gain, lose or maintain weight.
10. *Integrity of the Game* — adhere to the established rules and standards of the game to be played.

FAIRNESS

11. *Be Fair* — live up to high standards of fair play; be open-minded; always be willing to listen and learn.

CARING

12. *Concern for Others* — demonstrate concern for others; never intentionally injure any player or engage in reckless behavior that might cause injury to others or myself.
13. *Teammates* — help promote the well being of teammates by positive encouragement or by reporting any dangerous conduct to coaches.

CITIZENSHIP

14. *Play by the Rules* — maintain a thorough knowledge of and abide by all applicable game and competition rules; avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship.
15. *Community Citizen* — abide by all school and district rules at all times; remain seated and quiet on the bus, no yelling out of the bus, no throwing objects, no food or drinks while inside the bus. If any bus driver has to speak with a student concerning his/her behavior, the student will not play in two games and may not be allowed to travel to any future away games.

M.B.M.S. STUDENT-ATHLETE QUALIFICATIONS:

- 2.0 GPA on last report card
- No more than 3 N's on last report card
- No U's on last report card
- No Suspensions/Saturday School in last trimester
- Satisfactory behavior as determined by school personnel

I have read and understand the requirements of the Student-Athlete Code of Conduct and Qualifications. I understand that I am expected to perform according to this code and fulfill the qualifications and there may be penalties if I do not.

Parent Signature

Student-Athlete Signature

Date

NAME: _____ GRADE: _____

PARENT CONSENT AND LIABILITY WAIVER

I, the undersigned, being the parent or guardian of named person below, do hereby give my consent and approval for my child's participation in the MBMS After-School Sports Program. I also give permission for my child to travel to and from any AWAY games against other area teams. I hereby assume all the risks and hazards, including death, incidental to the conduct of said activity insofar as it relates to my child.

I hereby release, absolve, indemnify and hold harmless the Manhattan Beach Unified School District, City of Manhattan Beach, the City Department of Parks and Recreation and department employees, the activity leaders, including instructors, assistants, and officials, from any damage and/or liability arising out of or in connection with the participation of my child in said activity. In the event of injury to my child, I assume responsibility therefore, and hereby waive any and all claims for damages or loss against the Manhattan Beach Unified School District, City of Manhattan Beach, the City Department of Parks and Recreation, and department employees, and the activity leaders, including instructors and assistants.

Printed Name of Parents or Guardians

Printed Name of Student

Signature of Parents or Guardians

Signature of Student

DATE: _____

Address _____ City _____

Home Phone ____ / _____ Work Phone ____ / _____

AGE: ____ D.O.B. ____ / ____ / _____ Grade: ____

My child has the following physical disabilities: (If no disabilities, please write "NONE")

I give permission for any necessary EMERGENCY medical treatment. Parent/Guardian INITIALS _____

EMERGENCY DAYTIME PHONE ____ / _____

Medical conditions or allergies: _____

Insurance Carrier _____

Group Number _____

*All info requested above and the signatures on the opposite side must be filled out completely in order to participate.