PLAYER / PARENT COPY - PLEASE KEEP FOR YOUR RECORDS

Leighton Corinthians Youth Football Club <u>Player / Parent RESPECT Agreement Form</u>



PLAYER'S FULL NAME(S) IN BLOCK CAPITALS

Parent(s)/Guardian(s)..... FULL NAME IN BLOCK CAPITALS

Wishes to register for: LEIGHTON CORINTHIANSYFC AGE GROUP:

I/we agree that whilst attending youth games I/we will:

- Play a part and observe the FA's Respect Code of Conduct for spectators and parents/carers at all times.
- 2) Remember that children play for FUN
- 3) Applaud effort and good play as well as success
- 4) Always respect the match officials' decisions
- 5) Remain outside the field of play and within any Designated Spectator Area
- 6) Let the coaches do their job and not confuse the players by telling them what to do
- 7) Encourage the players to respect the opposition, referee and match officials
- 8) Avoid criticising a player for making a mistake mistakes are part of learning
- 9) Never engage in, or tolerate, offensive, insulting, racist, sexist or abusive behaviour
- 10) Be appreciative of, and abide by, the Rules of the Competition.
- II) Understand & accept the Rules & Regulations of the Club registered to.
- 12) Accept and uphold any decisions made by the Competition's Disciplinary Sub-committee (subject to any Appeal through the Club).
- 13) Always behave in a sporting, friendly & acceptable manner, presenting a good and proper example to all players, encouraging respect for opposition and match officials.
- 14) Understand that breaches of the code may result in action being taken by the Club, County FA, League or The FA.
- 15) Finally, I/We also confirm that I/We will return any kit and equipment to the club when leaving

I confirm that I will follow the Respect Code of Conduct.

Parent / Guardian Signature(s).....

ALL INFORMATION WILL BE HELD IN ACCORDANCE WITH THE CLUB'S DATA PROTECTION POLICY

Date: House number: Post Code:

Player Signature

Date:

		- 1)

Leighton Corinthians Youth Football Club

CLUB COPY - PLEASE RETURN TO YOUR TEAM MANAGER

Player / Parent RESPECT Agreement Form



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Parent(s)/Guardian(s)..... FULL NAME IN BLOCK CAPITALS

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Date:	House number: Post Code:
Player	Signature

Date:

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