

**Introduction**

Any New York State Championship must achieve a standard of Excellence which places it beyond criticism either from an organizational or educational point of view. In essence, each championship represents all of New York scholastic sports and if, for any reason, something disrupts a championship, then the impact of such disruption will be felt by the NYSPHSAA, Inc. and its member schools. What appears at present to pose the greatest threat is the misbehavior of athletes or the lack of supervision responsibilities by coaches while attending such championships.

**Code of Conduct for Athletes**

1. Use of alcoholic beverages, tobacco products and other drugs (unless prescribed by a physician) will not be tolerated.
2. All curfews and bed checks will be adhered to as set up by the supervisor or coach in charge.
3. Athletes are responsible for their conduct in regard to public property such as: hotel rooms, transporting vehicles, field and courts, locker rooms, etc. Athletes or the school that they represent will be held financially responsible for any damage that they incur.
4. Hotel rooms will be inspected by the supervisor and the occupants of each room prior to the occupying of each room and again before check-out.
5. Athletes must use transportation authorized by their section and school to and from the event.
6. There will be no gambling of any kind.

**General Guidelines**

1. Athletes should stay in groups when traveling or sightseeing. DO NOT TRAVEL ALONE or leave the group.
2. Athletes should make sure the supervisor/coach knows where they are, who is with them, and when they will return when leaving the general area of the contest.
3. Dress for all trips should be neat, clean and socially acceptable. Athletes are representing their Section as well as their own school district. All actions reflect on these institutions.

**Violation - Penalties**

If an athlete violates an established rule, the coach or supervisor in charge has the responsibility of disciplining the athlete using the following guidelines:

1. If the violation is prior to the contest or event, the athlete will not be allowed to compete in the contest or further contests. The Section and home school will be notified and a recommendation from the Section for disciplinary action will be given.
2. If the violation is after the contest or event, the home school will be notified and a recommendation from the Section for disciplinary action will be given.
3. If a situation becomes intolerable, the parents and school will be notified immediately and arrangements will be made to transport the athlete home, at Section/school expense, and in the custody of a Section/school representative. If proper action is not taken by the home school, sanctions may be imposed by the Section and/or State Association against the athlete or school district.

*I have read and understand the Code of Conduct.*

Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Coaches/Supervisors Responsibilities**

1. Enforce Code of Conduct for athletes. Discipline violators on the spot. Report problems to supervisors and send written reports to the Section and home school district.
2. Set curfews and bed checks and implement them.
3. Be responsible for athletes from departure point of trip until trip is completed and ensure that all athletes have transportation to their home.
4. Conduct room checks and inspection of hotel room with occupants of each room prior to the night's stay, and check/inspect each hotel room after the night's stay. Report any damage, which will be the responsibility of the occupants of the room.
5. Submit Hotel Report form to hotel.
6. Make sure all parent signature slips are in and emergency information is complete.
7. Notify proper authorities in cases of serious injury to athletes.
8. Know where athletes are at all times.
9. Abstain from the use of alcohol and controlled substances (unless prescribed by a physician).
10. Abstain from gambling of any kind.

*I understand my responsibilities to my athlete(s) and expectations of my behavior.*

Coach/Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**CONSENT FOR USE OF PHOTOGRAPHY FOR PUBLICITY OR ADVERTISING PURPOSES**

I do hereby consent to the use of my photographs in association with any production, media, or news events for the New York State Public High School Athletic Association.

I understand that the New York State Public High School Athletic Association may use my photographs or stories in publications, press materials, web sites, and print and television advertisements promoting the New York State Public High School Athletic Association, its philosophies, and programs.

I hereby irrevocably consent to and authorize the use and reproduction by you, or anyone authorized by the New York State Public High School Athletic Association, of any and all photographs which you have taken during this sport season of me, negative or positive, for any purpose whatsoever, without compensation to me. All negatives and positives, together with prints shall constitute the property of the NYSPHSAA, solely and completely.

*I hereby consent to the use of my photograph(s). (sign only if 'yes')*

Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT RELEASE FORM**  
**EMERGENCY MEDICAL CARE**

Your son/daughter has qualified to participate in a NYSPHSAA Championship. In order to ensure he/she receives the proper medical care as needed you must provide the health information below. By signing this form you are authorizing the school's coach or administrator, or tournament official to act on your behalf in authorizing emergency medical, dental, surgical care and hospitalization for your son/daughter in your absence.

Thank you for your cooperation.

\_\_\_\_\_  
(Athlete Name) (Birthdate)

\_\_\_\_\_  
(Address) (Phone)

\_\_\_\_\_  
(Parent/Guardian Name) (Address) (Home&Business phone)

\_\_\_\_\_  
(Athlete's School) (Principal) (School phone)

\_\_\_\_\_  
(Who to contact in case of emergency, other than parent/guardian) (Phone)

\_\_\_\_\_  
(Family Physician ) (Phone number)

\_\_\_\_\_  
(Allergies or special conditions)

*I have read and understand the above parent release form. I do hereby authorize the care referenced above for my child; and I do further release the NYSPHSAA and its agents from any claim whatsoever on account of care authorized pursuant to this emergency medical care release form.*

\_\_\_\_\_  
(Parent/Guardian Signature) (Date)

# Code of Conduct

## For Regional & Championship Competitions



Responsibilities and Guidelines for  
Athletes and Coaches Participating in  
Regional and Championship Contests

**An athlete will not be allowed to participate  
without this form completed!**