

FITZWILLIAM RECREATION DEPARTMENT

Fitzwilliam Recreation Volunteer Agreement

Name of Volunteer:

Mailing Address:

City/State/Zip:

E-Mail Address:

Home Phone:

Emergency Phone:

COACHES CODE OF ETHICS

I hereby pledge to provide positive coaching, support and encouragement to all youth participating in Fitzwilliam Youth Sports Programs by following this Coaches Code of Ethics.

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, officials and spectators.
- I will place the emotional and physical well being of youth on my team ahead of my desire to win.
- I will ensure that youth play in a safe and healthy environment.
- I will support other coaches, officials and league administrators, in order to encourage an enjoyable experience for all.
- I will demand a sports environment that is free from drugs, tobacco and alcohol.
- I will remember that the game is for our youth, not adults.
- I will provide equal playing time for all members of my team.
- I will do my very best to make programs fun for our participants.
- I will treat other coaches, players, spectators and officials with respect.
- I will follow these standards to the best of my ability.

As of this signing, the Fitzwilliam Recreation Volunteer understands his/her duties and agrees to fully carry them out. As a Town of Fitzwilliam Youth Sports Program Volunteer you understand you are covered under the Town's Liability Insurance while volunteering with the Town of Fitzwilliam's Youth Sports Programs. Volunteers are not eligible or covered under the Town of Fitzwilliam's Workers Compensation.

You understand that the Town of Fitzwilliam may void this contract with cause.

If this represents your understanding of our agreement, please sign and return it to the Recreation Department. Receipt of this requested information shall serve as evidence of a binding agreement between you and the Town of Fitzwilliam.

TOWN OF FITZWILLIAM:

CONFIRMED AND AGREED TO:

Fallon Ball, Recreation Coordinator
Fitzwilliam Recreation Department

Volunteer Signature

Date

Date