Unity Health System

TSE

TOTAL SPORTS EXPERIENCE

Total Sports Experience Code of Conduct

League:_____ Season:_____ Division:_____

Team Name: _____

Coach/Manager:_____

Address:_____ City:_____ Zip:_____

Phone:_____ Email:_____

Responsibility

As the Team Coach, I will take full responsibility for the conduct and behavior of my players and assistant coaches. I will make every effort to ensure that collectively, we will fully respect referees, opposing players and coaches, spectators, facility staff and the facilities at TSE. I have read the league rules and my team will abide them, as well as other facility rules and regulations. I certify that all players and coaches on my team will sign the facility waiver form before participating in any activities at TSE. I accept that failure to comply with this Code of Conduct may result in the expulsion of my team or specified individuals within it, from both the league and the facility.

_____ _____

Signature of coach/team manager Date

This Code of Conduct form must be completely filled out, signed, and returned to Total Sports Experience before the first scheduled game of the season.

Jamie Hammond
General Manager

Revised 9.08