

## Player Code of Conduct

I, the undersigned, acknowledge that I will be a member of the \_\_\_\_\_ in the Wisconsin State Football League (hereafter WSFL) for the \_\_\_\_\_ season. I acknowledge that in signing this I am committed to this team for the full season and may not play for another WSFL team until the following season unless the \_\_\_\_\_ grant permission for me to play elsewhere.

I understand that I am a representative of my team and the WSFL and promise to represent both with integrity and character. I acknowledge that my participation in the WSFL is a privilege that can be revoked for violating this agreement.

I will not threaten anyone associated with the WSFL with non-football violence or bodily harm. I will not fight. I will not cast doubt dispersions on the league, referees, or anyone involved in any public forum, but rather address issues through my team representative and the league board. I will not attempt to injure any player or official purposely.

I recognize that failure to uphold this vow may result in suspension or banishment from the league. I understand that the league board may restrict or terminate my participation for any reason they see necessary. I acknowledge that my team representative will not be actively involved in any disciplinary hearing on my behalf and will not be afforded a vote on the action to be taken.

I recognize that I will not be allowed to participate in any contest that I do not have a team uniform and team helmet. I recognize that my team may be forced to forfeit or may be disqualified from the league if I violate league orders.

I understand that football is a collision sport and risk of injury and impairment are high. I attest that I have been informed that the WSFL does not carry health insurance for its players, assert that I carry my own individual health insurance. I understand that I am a willing participant in the WSFL, and release the league – and its officials – along with my team and any opposing team – and its officials – from any liability for injury or impairment I may experience.

I assert that I am in good health and can reasonably participate in the sport of football. I attest that I have been examined by a physician, in accordance with league policy, and am found to be in reasonable condition to participate in the WSFL.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_