



# Township of Livingston LIVINGSTON SPORTS COUNCIL



## SPORTSMANSHIP PLEDGE

The Township of Livingston and the Livingston Sports Council has adopted a **Code of Conduct** for its sports programs. Our **Code of Conduct** is in accordance with **New Jersey Public Law 2002, Chapter 74**.

Additionally, the Township of Livingston and the Livingston Sports Council organizations require all athletes, parents and legal guardians to read this **Code of Conduct** and sign this **Sportsmanship Pledge** agreement and submit it to the respective sports organization at the time of registration.

**ATHLETES CANNOT BE REGISTERED OR BEGIN PROGRAM PARTICIPATION WITHOUT SUBMITTING BOTH A SIGNED REGISTRATION FORM AND A SIGNED SPORTSMANSHIP PLEDGE FORM FOR EACH ACTIVITY.**

After reading the **Livingston Sports Council Code of Conduct**, in the case of a minor, both parents/legal guardians must sign below. **By signing this, I hereby pledge to be responsible for my words and actions while attending, coaching, officiating or participating in a sports event and shall conform my behavior to the Livingston Sports Council Code of Conduct.** I also agree not to hold the Township of Livingston, Livingston Sports Council or member Sports Organizations, League, and/or Board of Education responsible for the conduct of any athlete, parent, coach, official, or other attendee present at a sports event. The Township shall incur no liability for limited or non-enforcement of this **Code of Conduct**.

_____	_____	_____
<b>Print</b> Athlete/Coach/Official's Last Name, First Name	Athlete/Coach/Official's <b>Signature</b>	Date
_____	_____	_____
<b>Print</b> Athlete/Coach/Official's Street	<b>Town</b>	<b>State</b> <b>Zip</b>
_____	_____	_____
Home Telephone	Work Telephone	Cell
_____	_____	_____
Email Address	<b>Check if Under 18 Years of Age</b>	<b>Check if 18 Years of Age or Over</b>

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_____	_____	_____
<b>Print</b> Father/Guardian's Last Name, First Name	Father/Guardian's <b>Signature</b>	Check if Single Father
_____	_____	_____
<b>Print</b> Father/Guardian's Street	<b>Town</b>	<b>State</b> <b>Zip</b>
_____	_____	_____
Home Telephone	Work Telephone	Cell
_____	_____	_____
Email Address		

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_____	_____	_____
<b>Print</b> Mother/Guardian's Last Name, First Name	Mother/Guardian's <b>Signature</b>	Check if Single Mother
_____	_____	_____
<b>Print</b> Mother/Guardian's Street	<b>Town</b>	<b>State</b> <b>Zip</b>
_____	_____	_____
Home Telephone	Work Telephone	Cell
_____	_____	_____
Email Address		