



# St. Christopher Roman Catholic Church and School

*Come...journey, follow and be inspired with us!*

## COACH'S AGREEMENT and CODE OF ETHICS

*This form must be completed by each coach before the beginning of the sports season.*

I hereby pledge to provide positive support, care, and encouragement for all children participating in youth sports by following this Coach's Code of Ethics.

*I will remember to start each game with a prayer and model Christian values throughout any game or practice.*

*I will remember my behavior, and that of my players, represent my school and reflect its philosophy.*

*I will practice and encourage good sportsmanship from players, fellow coaches, officials, and parents at every game and practice.*

*I will place the emotional and physical well being of my players ahead of the desire to win.*

*I will keep myself informed of sound principles of coaching and child development.*

*I will never argue with or complain about a referee's call or decision.*

*I will do my best to provide a safe, supervised playing situation for my players. I will check players' equipment and fields.*

*I will treat each player as an individual, remembering the large range of emotional and physical development within the same age group.*

*I will do my best to organize practices that are FUN and challenging for all my players.*

*I will teach my players the Laws of the Game.*

*I will remember that I am a youth sports coach and that the game is for the players.*

*I will maintain an open line of communication with the school principal and the players' parents.*

I, \_\_\_\_\_ understand the policies in this handbook that apply to athletic competition in our school and the Diocese of Buffalo. I will follow these guidelines and uphold them I all circumstances. I have read and will follow the Coach's Code of Ethics.

SPORT \_\_\_\_\_

Coach's signature \_\_\_\_\_ Date \_\_\_\_\_

CPR/AED certification  
Date expires \_\_\_\_\_

Protecting God's Children  
Training date \_\_\_\_\_

First Aid certification  
Date expires \_\_\_\_\_

Other \_\_\_\_\_

Principal's signature \_\_\_\_\_ Date \_\_\_\_\_

Believe ~ Seek ~ Realize

2660 Niagara Falls Boulevard, Tonawanda, NY 14150

saintchris.org/school

Telephone 716-693-5604

Fax 716-693-5127



# St. Christopher Roman Catholic Church and School

*Come...journey, follow and be inspired with us!*

## SPORTS TEAM ROSTER

School \_\_\_\_\_

Principal \_\_\_\_\_ Coach \_\_\_\_\_

Address \_\_\_\_\_

City/Town/Zip \_\_\_\_\_

Phone \_\_\_\_\_

SPORT \_\_\_\_\_

(note girls, boys or co-ed)

<u>Student</u>	<u>Grade</u>	<u>Date of Birth</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____

**LEAGUE FEES AND ROSTER MUST BE SUBMITTED  
BEFORE TEAM IS SCHEDULED FOR COMPETITION**

Believe ~ Seek ~ Realize

2660 Niagara Falls Boulevard, Tonawanda, NY 14150

[saintchris.org/school](http://saintchris.org/school)

Telephone 716-693-5604

Fax 716-693-5127

INCIDENT REPORT

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

Parish/ Name \_\_\_\_\_  
Institution \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone# \_\_\_\_\_

Claimant: Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

If minor, Names of Parents: \_\_\_\_\_

Activity taking place/Reason on premises:

\_\_\_\_\_  
\_\_\_\_\_

Date and Time of Loss: \_\_\_\_\_

Where Did Loss Occur: \_\_\_\_\_

Type of Injury: \_\_\_\_\_

Treatment (if any) Rendered at Scene: \_\_\_\_\_  
\_\_\_\_\_

Destination: \_\_\_\_\_

Describe Incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witnesses: Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone# \_\_\_\_\_

Name of Person Reporting Incident: \_\_\_\_\_

Incident Report Taken By: \_\_\_\_\_