McKinney Lacrosse Club

PARENT CODE OF CONDUCT

As the parent or guardian of a player on the McKinney Lacrosse Club team I shall be subject to the following Code of Conduct while participating in any McKinney Lacrosse Club functions. Should I choose to break these rules, I understand that I will be subject to disciplinary measures, which could include prohibition from attending MLC practices, games and/or tournaments, and removal from any facility where McKinney Lacrosse Club is playing. I agree to the following:

- 1. I will accept the responsibility of designated coaches or assistant coaches to assigned positions and allocated playing time.
- 2. I will not approach a coach or assistant coach before or after a game, unless specifically asked by the coach. I will wait 24 hours after a game to contact a coach with any issues that I wish to address.
- 3. I will address concerns or complaints about the team or my child directly through the coach or other member of the Club's administrative board.
- 4. I will refrain from anything but cheering and encouragement from the stands. There will be no shouted comments about the opposing team or its players, their parents, coaches or the officials.

Player's Name:		
Father/Guardian Signature:		
	Date	
Mother/Guardian Signature:		
	Date	

McKinney Independent School District

Drug/Alcohol Screening Test Parent/Guardian/Student Consent Form

I,	_ (printed	name name of p	of arent/g	student) uardian) ar	and n the
parent/guardian of	(printed		_	tudent) a sti	
enrolled in the McKinney Independent School D	District.	_ u		,	
I understand that participation in an extract withdrawn for violations of McKinney ISD Boactivities include, but are not limited to: groups/clubs/organizations; student council; al curriculum-related student groups. I acknowledge that I have received a copy of t McKinney ISD. I have read the District's Polic drug/alcohol testing program. I hereby conse understand that Participation in extracurricular the Policy, is conditioned upon my consent and program. In consideration of the benefits arisin grant permission for me/my child to participate indemnify and hold harmless the District, its cliability of every kind, including expenses of injury or damage which I or my child, or any child's participation in the random drug/alcohol I acknowledge that I have read and understand the student/parent or guardian of the student named bound by the terms of the consent and release	carricular activated and Policies. all UIL activated appears and underse activities at participation and to me/my te in the proposition, contesting programs above, and I	I understativities; schoonted student of the provident of	and that tool-spot lent off ovision ded by ISD, a this act ther agriculture and attornal act of the tool of the to	t extracurrical prosoned statement of the rearms of the range of the range of the programs defined to generate to and a from suitable of the result of the r	m formal denter the string ereby shall as and the string ereby the string
testing policy.					
Circle which (Parent/Guardian Signature) (Date)			_		
I, the student noted above, acknowledge that I hat I understand it and agree to be bound by its testing program.					
(Student Signature)		(1	Date)		