



I, _____, voted into the role of _____ on the WDAFA Board, promise to abide by the following:

1. I will read and abide by the CDMFA and WDAFA Codes of Conduct;
2. I will never put my hands on anyone, (player, parent, staff or official) out of anger or without permission. This includes but is not limited to pulling anyone off the field by their gear or helmet, pushing, hitting, kicking, etc.;
3. I will never verbally abuse anyone, (player, parent, staff or official). This includes but is not limited to swearing, verbally berating, purposely embarrassing or name calling;
4. If a conflict arises, I will ensure that 2 other neutral adults are present during any conversations with players, staff or parents. If this is not possible at the moment I will ask to have the conversation at a later time and ensure a time is scheduled to do so. The neutral parties must NOT be a spouse or family member and I understand that I must abide by this, even if our relationship is not well known;
5. I will ensure that the players' safety is my utmost concern while they are on the field or at WDAFA sanctioned events. As a Board Member, I will make all decisions that are in the best interests of the Players and Volunteers and ensure that no one is knowingly put into danger at any time;
6. I understand that I am a voted position by the members of the WDAFA Organization and that I may be removed from my position in the event of misconduct by way of a Disciplinary Committee.
7. I will ensure that all decisions made and actions taken by me while acting for the WDAFA Board will be done in accordance to WDAFA Bylaws and RPPs. I will never make unilateral decisions for the Association and work collectively with the other Board Members to run a successful organization.

I understand that by breaching any of the above points that I may be removed from the WDAFA Board for the remainder of the season and also, depending on the severity of the offense(s), may be banned from volunteering within the organization indefinitely, as well as lose my WDAFA Membership.

DATED this _____ day of _____, 20____.

NAME:
POSITION:

WITNESS:
POSITION: