

**CODE OF ETHICS FOR COACHES, DANCERS, & PARENTS**

**Statement of Philosophy:** SCAU has established policies and standards which will cultivate the ideals of good sportsmanship. It shall be the responsibility of each member team to ensure that all individuals directly associated with the team conduct themselves in a sportsmanlike manner. The coach is an official representative of the member team. It is the responsibility of the coaches and parents to serve as role models for dancers.

**Code of Ethics:** A coach, parent, or dancer will be in violation of the standards by:

1. Making degrading/critical remarks about officials, Board Members, or other teams during or after a contest either on the contest floor, from the spectator section, through any public news media, social media or other electronic media;
2. Arguing with judges or making motions indicating dislike/disdain for a decision;
3. Detaining the judges following the contest to request a ruling or explanation of actions taken by the judges

OR;

1. Being ejected from any contest.

**Actions and Response:** Negative actions by a coach, parent, fan, or dancer shall be reported to SCAU Board by the head judge. The head judge shall document the results of their investigation and actions taken, where necessary and appropriate. Penalties for violation of these standards may include, but are not limited to, reprimand, censure, fines, or other actions as deemed appropriate by the Board of Directors.

**Commentary**: It is within each individual’s ability to treat others with dignity and respect. The Organization and its member schools expect each individual dancer and coach to assure the responsibility for their actions.

**Sportsmanship:** All persons governed by the Code shall act in good faith towards each other, show courtesy, mutual trust and understanding in all their dealings and behave in a manner that they reasonably believe to be the best interests of SCAU.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,
 (Print Name) (Organization Name)
that this Code of Ethics will be upheld to the highest standard. I verify that I have reviewed the Code of Ethics with all members of my staff, all dancers, and all parents. It is understood that if this Code of Ethics is broken or violated, penalties may include, but are not limited to, reprimand, censure, fines or other actions as deemed appropriate by the Board of Directors.

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

MEMBERSHIP APPLICATION

DUE: NOVEMBER 1ST OF EACH YEAR

COST: $100 for RENEWAL; $200 for INITIAL MEMBERSHIP

*Postmarked after November 1 deadline: $400; $200*

**\*\*\*PLEASE SUBMIT ONE FORM PER SEPARATE TEAM**

SCHOOL/TEAM NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DIRECTOR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEMBERSHIP TYPE: NEW\_\_\_\_\_\_\_\_\_; RENEWAL \_\_\_\_\_\_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DIRECTOR CELL PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEAM AGE DIVISION (CIRCLE ONE):

TINY PRIMARY ELEMENTARY JUNIOR SENIOR ADULT

PAYMENT CAN BE MADE BY CHECK, MONEY ORDER, OR CREDIT CARD (ADD $5 TO CREDIT CARD FEE TO COVER FEES

VISA\_\_\_\_\_\_\_\_; MASTER CARD \_\_\_\_\_\_\_\_\_\_\_\_\_\_

CARD #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXP. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SECURITY CODE ON BACK OF CARD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME ON CREDIT CARD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ZIP CODE OF THE BILLING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**CHECK OR MONEY ORDER AND FORM MAY BE MAILED TO:**

**SHOWCASE AMERICA UNLIMITED**

**MARY LAILE**

**766 OAKLEY DRIVE**

**DELAWARE, OHIO 43015**