



## **Special Olympics** *Michigan*

### ***ATHLETE CODE OF CONDUCT***

Special Olympics Michigan adheres to the highest ideals of sport in the tradition of the Olympic movement. The Special Olympics Oath, "Let me win, but if I cannot win, let me be brave in the attempt," represents the ideal of competition that every Special Olympics athlete tries to achieve.

I understand that my participation in Special Olympics is a call to excellence for me to train and compete in ways that bring honor to me, to my family, and to Special Olympics. I pledge to uphold the spirit of this Code of Conduct, which is only a general guide for my conduct and does not describe all types of good behavior and bad behavior. If I do not obey this Code of Conduct, my Program or a Games Organizing Committee may suspend me from Special Olympics, either temporarily or permanently. If I am suspended from Special Olympics, I can appeal the decision in accordance with the attached Special Olympics Athlete's Appeal Process.

#### **I pledge that:**

##### **Sportsmanship**

- I will practice good sportsmanship and act in ways that will bring respect to my coaches, my team, Special Olympics and me.
- I will not use bad language, such as swearing or insulting other persons, and will not fight with other athletes, coaches, volunteers or staff.

##### **Training & Competition**

- I will train regularly and attend scheduled practices and meet training criteria set by my coaches and area. I will try my best during, training/practice, and competitions.
- I will learn and follow the rules of my sport, and I will ask questions when I do not understand.
- I will not hold back in divisioning preliminaries in order to get into an easier heat in the final. (alternative: I will perform in divisioning the same as I perform in competitions.)

##### **Personal Responsibility**

- I will not make unwanted physical, verbal or sexual advances on others.
- I will not drink alcohol, smoke tobacco in non-smoking areas or use illegal drugs at Special Olympics venue sites, and I will not take drugs for the purpose of improving my performance.
- I will obey all laws and Special Olympics rules.

By signing below, I am saying that I have read, or have had read to me, this Athlete Code of Conduct and that I agree to obey this Code of Conduct. If I violate this Code of Conduct and disagree with my punishment, I agree to follow the Special Olympics Athlete's Appeal Process and I will accept their decision as final.

\_\_\_\_\_  
Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian or Witness

\_\_\_\_\_  
Relationship to Athlete



## **Special Olympics** *Michigan*

### **DISCIPLINARY STEPS FOR VIOLATING ATHLETE CODE OF CONDUCT**

The following progressive disciplinary steps may be taken with the program beginning at whichever step is deemed appropriate under the circumstances by a sanctioned area representative. The representative must notify the Area Director of any action that is taken.

- Step 1** Verbal warning to the athlete and to parent/guardian or caseworker with a written copy of the Incident Form to the Area Director.
- Step 2** A written Incident Report must be completed giving warning to the athlete with a copy to the Area Director and parent/guardian or caseworker.
- Step 3** The Area Director will conduct a personal meeting with the athlete to review unacceptable behavior and to agree on a plan for improvement.

If the athlete is under 18, or over 18 and has a guardian, he/she will be accompanied by his/her parent/guardian or caseworker. If the athlete is over 18 and his/her own guardian, he/she may choose to have another adult present. The meeting will be documented in writing and copies distributed to the athlete, Area Director, state office, parent/guardian or caseworker.

- Step 4** Suspension from practices or competition for a specific time period (such as during the specific sport season).
- The Area Director must be contacted before an athlete is suspended. The Area Director will discuss the circumstances and must approve/disapprove the action. The action will be documented in writing and presented to the athlete, parent/guardian (or caseworker) and a copy will be sent to the state office.
- Any further action must be referred to the Area Director. The Area Director and program staff member responsible for Area Management will approve any further action to be taken.
- Further action could be, but is not limited to:
- Suspension for a longer period
  - Permanent expulsion

### **ATHLETE APPEAL PROCESS**

The athlete has the right to appeal any disciplinary action to the Area Director. The athlete or the athlete's representative must submit a written notice of appeal, with a copy to the Area Director and to the President/CEO of Special Olympics Michigan. This notice must include a request for a meeting within 30 days of being notified of the disciplinary action.

The appeal will be heard by the Area Director, the Director of Area Management or the Chief Program Officer, and the Chair from the Program Committee or designee not involved with the situation. A decision must be rendered in writing within 21 days following the meeting and may reverse, amend or affirm the disciplinary action. The decision shall be submitted to the athlete and to the Area Program and should include, if applicable, a plan of action for the athlete to correct the unacceptable behavior that led to the disciplinary action.

**SPECIAL OLYMPICS MICHIGAN**  
**INCIDENT REPORT**

Incident date: \_\_\_\_\_ Report date: \_\_\_\_\_

Name of person(s) involved: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

Place where incident occurred: \_\_\_\_\_

Time of incident: \_\_\_\_\_

Were there any witnesses to the incident?       YES       NO

If yes, who were they? Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If athletes were involved were parent/guardians notified?       YES       NO

Was the group/care home notified?       YES       NO

When were they notified? \_\_\_\_\_ How? \_\_\_\_\_

Is the athlete his or her own legal guardian?       YES       NO

Description of the incident/accident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any physical injuries: \_\_\_\_\_  
\_\_\_\_\_

Was treatment necessary?       YES       NO

Describe treatment in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of attending physician or medical personnel: \_\_\_\_\_

Name of person making the report: \_\_\_\_\_

Position: \_\_\_\_\_

Action taken by Area: \_\_\_\_\_

\_\_\_\_\_

Follow-up: \_\_\_\_\_

\_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_