



SWIMMING TEAM

2020-2021 Registration Packet

Student Athlete Name: _____

2019 -20 SWIM MEET CALENDAR

DATE	MEET	LOCATION
18 OCTOBER	SSL ROUND 1 - SPRINTS	Shanghai Community International School (Hongqiao Campus)
14-15 NOVEMBER	SSL ROUND 2	Shanghai American School (Puxi Campus)
12 DECEMBER	HISAC ALL AGES MEET	RDFZ Kings College - Hangzhou
23-24 JANUARY	SSL ROUND 3	Nanjing International School
27-28 FEBUARY	SSL ROUND 4	Suzhou Singapore International School
12-13 MARCH	ACAMIS SENIOR INVITATIONAL	Nanjing International School
17 APRIL	HISAC ALL AGES MEET	Wellington College - Hangzhou
8-9 MAY	SSL ROUND 6 – LONG COURSE	Dulwich College Shanghai (Puxi Campus)
TBC	ACAMIS JUNIOR INVITATIONAL	Beijing City International School



Parent / Guardian Permission

In representing a Hangzhou International School (HIS) team, the student-athlete and parents agree to the practice, tournament/travel schedule which will be distributed by each team's coach and advertised on the school website/calendar. The medical information in this booklet is required for the administrative records of the HIS Athletic Department.

Injury and Medical Treatment: You understand and hereby authorize, appoint, and empower HIS and its employees to take action deemed appropriate for the benefit of the student in the case of an accident, emergency medical need or surgical procedure if a parent or guardian cannot be reached to make decisions. Further, HIS will not be held liable for giving such authorization. In addition, it is agreed to promptly reimburse and indemnify the school for any amount incurred as a result of the school giving the authorization to obtain medical care. You agree to waive any and all claims that you may have against HIS, its employees, board members, officials, and/or any individual members associated with HIS, other than those claims resulting from gross negligence or willful misconduct of the school.

In the event of an emergency medical situation, the student will be transported to the nearest hospital facility. All students at HIS must have their own medical insurance. It is the responsibility of the student's parents to ensure that the student is covered with current and comprehensive medical insurance.

Off-Campus Activity: Practices and meets are conducted off-campus. By signing this permission sheet, parents are consenting to their child participating in off-campus activities. You will be notified of any upcoming off-site activities by the coaches / Athletics Department.

Tournament Costs and ACAMIS Fees: HIS assists athletes by subsidizing some of the expenses related to ACAMIS tournament participation including player registration fees and all bus transportation to matches and tournaments throughout the season. Parents must share this responsibility as well. By signing this document below, you recognize and accept this responsibility and commitment. A payment of 3000RMB is payable 6-8 weeks before the ACAMIS tournament for each sport. Coaches will provide specific dates during seasons. If the athlete participates in the sports season, they are expected to participate in ACAMIS if they are selected to represent the school.

I have read and understood all the above conditions as well as the Student Athlete Handbook and allow my son/daughter to participate in the HIS Athletics Program.

Parents/Guardian's Signature: _____ Date: _____



Responsibilities and Expectations of Parents

1. To review all the details with respect to the co-curricular activity specified in the Student Athlete Handbook and Swimming Handbook which can both be accessed on the HIS Website and all details enclosed in this booklet.
2. To understand that sport, recreation, travel, outdoors activities represent opportunities for accidents. Every effort is made to minimize risk and to ensure the provision of emergency attention as deemed necessary.
3. You may address any questions to the Director of Athletics, Coach, trip sponsor/advisor of the activity.
4. To have current and comprehensive medical insurance for your child applicable to all school-related activities both during normal school hours and co-curricular activities and excursions.
5. Should up-front payment be required for medical treatment, you agree to promptly reimburse and indemnify the school for any amount incurred.
6. As a spectator at matches, parents should demonstrate the same positive spirit of sportsmanship towards officials and opponents that we expect from our student athletes.
7. Ensure that all swimmers are provided with the required uniform when representing HIS at a swim meet. (See specific information below regarding uniform expectations)

Parent Signature

Date

Payments relating to Swimming participation:

6-8 weeks before ACAMIS Meet: ACAMIS Tournament Payment (3000 RMB)

4 weeks prior to other tournaments: Tournament-associated costs such as accommodation, transport.



Practice Attendance Expectations

- At the beginning of the season following trials, all swimmers will be asked to select their practice days. During the year, if swimmers have other school commitments that conflict with these days (Sports / CCA), they can discuss a change of practice day with their coaches. A change may not be possible based on transport and lane availability on certain days.

Gold and Pre-Gold swimmers are required to attend a minimum of 3 practices each week. *

Silver and Bronze swimmers are required to attend a minimum of 2 practices each week.

- ***Varsity Swimmers** who also have sports practice commitments that occur 3 times per week can negotiate with coaches to attend 2 swim practices each week. However, in the 4 weeks leading up to a scheduled swim meet, they should attend the required 3 swim practices each week.
- **Lower School and Middle School Swimmers** should select their participation in Athletics / CCA to ensure that they can still attend the minimum number of practices each week for the Swim Team.
- Unless coaches are notified in advance by a parent, swimmers will not be permitted to attend a practice that is not one of their designated days.
- **Coaches must be notified of any absences from practice in advance.** Swimmers who record 3 unexplained absences during a season will have their participation on the HIS Dragons swim team reviewed by Swim coaches and the Director of Athletics.
- Swimmers must ensure they are on the Swim Team bus no later than 3:15. The bus will leave from the rear gate. The bus will return to HIS at 5:15pm following practice.
- Swimmers are able to be collected from the swimming pool following training. Coaches should be notified of this by parents / swimmers.

No swimmer is to depart the Swimming Pool Facility with a parent / driver without first confirming their departure with a coach.



Swim Team Uniform Expectations

Swimmers representing HIS are required to do so in uniform that clearly identifies them as a member of the HIS Dragons Swim Team. When competing, a common uniform enhances team unity and develops a sense of Identity for team members. When travelling, it is important for safety reasons that all team members can be easily identified and recognizable by coaches/chaperones, as well as members of the public.

The following information clearly outlines what students;

COMPETING AT A SWIM MEET

When competing swimmers are required to wear either of the following:

- A HIS-logo swimming suit which can be purchased from the Dragon Shop, or
- An independently purchased swimming suit that is **in HIS colors only and has been approved before the meet by the swim coaches/Athletics Department.** Dark Blue should be the dominant color, with yellow and white also permitted on the swimming suit. No other colors are permitted.
- A HIS swimming cap which can be purchased through the Dragon Shop

TRAVELLING TO A SWIM MEET AND ON POOL DECK AT A SWIM MEET

Swimmers representing HIS are expected to wear HIS apparel while travelling to meets and when on pool deck and not competing.

The following options are suitable:

- HIS Lower School Hooded Sweater
- HIS PE polo-shirt
- “Property of HIS Athletics” T-Shirt (available for purchase from Dragon Shop)
- Athletics Tracksuit (available for purchase from Dragon Shop)
- HIS High School Hooded Sweater

AT PRACTICE

Any suitable swimming suit and swim cap is permitted for after-school swim practices.



Student Athlete Eligibility Contract

I acknowledge that I am a student, foremost, and have the privilege to participate in swimming as long as my academic and behavioral performance is satisfactory according to the teachers, principals, and coaches at HIS. It is my responsibility to maintain a healthy balance between academics and swimming. If I am unable to fulfill my requirements in all of my classes, I will not be eligible to participate in swimming.

I am aware that failing to meet all of these requirements will cause me to be ineligible for swimming at HIS. This includes all meets and practices. This ineligibility will continue until there are sufficient improvements in the requirements below, as determined by the Director of Athletics, in consultation with relevant teachers/counselors/principals/coaches.

In order to be eligible for Swimming at HIS, I must agree to all of the following requirements:

1. I must meet the requirements of the activity (attending practice etc.). I make a commitment to my team/event until the completion of the season.
2. I must maintain adequate progress of 3* or higher on the IB/MYP scale in all classes.
3. I will submit assignments complete and on time.
4. I will be present at all required teacher office hours/study sessions.
5. I must maintain a high level of attendance to school and all classes.
6. I must be at school from 8:00 in order to qualify for participation in a swimming activity that day.
7. I must demonstrate courtesy and respect towards peers and teachers as well as adhere to the behavioral expectations outlined in the Student Handbook. I am expected to be a leader and promote good school citizenship.
8. I understand that the use of alcohol, tobacco, drugs, and other controlled substances at school or during a HIS sponsored event is strictly forbidden.
9. When involved in a group activity, I must recognize that to inconvenience or jeopardize the group is not acceptable. This behavior will result in subsequent disciplinary action.
10. As a participant on a school team or major event activity, I must abide by the school rules. This includes any guidelines, which may be relevant to the specific sport or activity at HIS.
11. I fully understand that as a member of team I am an official representative of HIS.
12. My actions in and out of school contribute to school spirit. This responsibility implies respect be given at all times to administration, teachers, coaches, officials, advisors, fellow students, members of the public, and the student body.

It is my responsibility to seek help from my teachers before any problems arise. Missing practice to fulfill the aforementioned requirements above, will not be held against the student athlete. At HIS, academia has first priority and swimming is a privilege.

Student Athlete Signature



HISAC / SSL Athlete Code of Conduct

1. Respect the rights, dignity and worth of fellow players, coaches, officials and spectators.
2. Be fair, considerate and honest in all dealings with others.
3. Be professional in, and accept responsibility for, your actions.
4. Be aware of, and maintain an uncompromising adherence to, [the sport]'s standards, rules, regulations and policies.
5. Do not tolerate acts of aggression.
6. Respect the talent, potential and development of fellow players and competitors.
7. Care for and respect the equipment provided to you as part of your program.
8. Be frank and honest with your coach concerning illness and injury and your ability to train fully within the program requirements.
9. At all times avoid intimate relationships with your coach.
10. Conduct yourself in a professional manner relating to language, temper and punctuality.
11. Maintain high personal behavior standards at all times.
12. Abide by the rules and respect the decision of the official, making all appeals through the formal process and respecting the final decision.
13. Be honest in your attitude and preparation to training. Work equally hard for yourself and your team.
14. Cooperate with coaches and staff in development of programs to adequately prepare you for competition at the highest level.

I, the undersigned, agree to participate within the spirit of this code of conduct, throughout the course of my sports this year at HIS – both at practices and in competition while representing my school.

Student Athlete Signature



Rules for ACAMIS Events

1. The use of tobacco, drinking of alcohol, or use of illegal drugs will not be allowed during travel or while in the host city during the period of time covered by the ACAMIS activity. (Consequence: suspension from immediate and further participation, suspension for 12 calendar months, student's principal notified)
2. Any sight-seeing or travel in the host city will be done only within the permission of the host family and the coach/sponsor. (Consequence: disciplinary action at the discretion of the activity organizer and lead chaperone)
3. Under no circumstances will accommodation arrangements be changed without permission of the host school and the knowledge of the coach/sponsor. (Consequence: disciplinary action at the discretion of the activity organizer and lead chaperone)
4. Visiting students will be in their designated hotel room no later than 10pm. (Consequence: suspension from immediate and further participation in that event, student's principal notified)
5. All laws of the host country will be adhered to. (Consequence: disciplinary action at the discretion of the activity organizer and lead chaperone. The disciplinary action should also be according to the laws of the land at the discretion of the governing authority)
6. Any unusual circumstances or problems that occur during the stay in the host city will be reported as soon as is possible to the host school and lead chaperone.
7. In the event of any accident or injury the chaperone / coach has permission to deal with the situation and make any emergency decisions should they be unable to contact the parents or guardians. That permission must be granted in writing by the parents via a waiver signed before the activity.

We have read, understand, and agree to abide by the rules that are stated above.

Student Athlete Signature

Parent/Guardian Signature

2020-2021 HIS Swimming – Personal and Contact Details

1. Student's First Name (as in Passport): _____

2. Student's Last Name (as in Passport): _____

3. Date of Birth: _____ / _____ / _____ Age: _____ Gender: Male / Female
Day Month Year

4. Nationality: _____

5. Passport / Identity Card Number: _____

6. Place of Issue: _____ Expiration of Passport: _____/_____/_____

7. Health Insurance Provider:

8. Health Insurance Number:

HIS requires all students to have comprehensive medical insurance

9. Parent One Contact Information

Parent Name: _____ Phone: _____

Email: _____

10. Parent Two Contact Information

Parent Name: _____ Phone: _____

Email: _____

11. Additional Emergency Contact (Name and Phone)

Medical Information and Liability Release

Do you have any current Medical Conditions? ☐No ☒Yes

Explain:

Do you currently take any medication? ☐No ☒Yes

Explain:

Do you have any Allergies? ☐No ☒Yes

Explain:

Have you had any significant injuries previously? ☐No ☒Yes

Explain:

Do you have a history of Asthma: ☐No ☒Yes

Use an asthma inhaler: ☐No ☒Yes

Wear a hearing aid: ☐No ☒Yes

Wear Contact Lenses: ☐No ☒Yes

When was your child's most recent physical examination? ____ / ____ / ____
Day Month Year

Where was this examination completed? _____

Has your child ever been directed by a doctor to permanently refrain from sports or strenuous activities due to a medical concern? ☐No ☒Yes

Since the last doctor's physical, has your child had any serious medical illness?

☐ No ☐ Yes

If yes, please explain:

Should the school be aware of any other relevant conditions affecting your child's participation in sports, long distance travel by land/air etc.?

☐ No ☐ Yes

If yes, please explain:

I grant permission for the HIS nurses, other registered nurses, coaches/chaperones, advisor to give Ibuprofen (Advil), Panadol or Tylenol for minor sprains, headaches or menstrual cramps to my child.

☐ No ☐ Yes

LIABILITY RELEASE

I hereby fully release and discharge HIS, its employees, school administrators, Board of Governors, and all other official representatives (collectively "The Released Parties") unconditionally from all liabilities whatsoever arising from my child's/ward's participation in the above mentioned program, including any and all incidental activities related to it such as transportation. I hereby indemnify and hold The Released Parties harmless from any suit, claim, or damage, including all monetary damages, medical expenses, attorney's fees, and all other claims which may arise as a result of any accident or injury as a result of my child's/ward's participation.

In the event of an accident or injury, I understand that HIS will make reasonable efforts to immediately inform me. I will be responsible to update contact information on file at the administrative office. In case HIS cannot contact me, I authorize HIS to act on my behalf to obtain medical care on behalf of my child/ward. I agree to pay all costs and expenses of and such medical treatment and will properly reimburse HIS for all related incurred costs, without exception and upon demand.

I hereby state that to the best of my knowledge, my responses to the above questions are complete and correct.

Parent/Guardian Signature

____ / ____ / ____
Day Month Year