



MIDDLE SCHOOL ATHLETICS

2020-2021 Athlete Registration Packet

Student Athlete Name: _____

You can do multiple sports during the same season. If practice times/days coincide, attendance will be negotiated between yourself and coaches.

Check (X) your chosen sports below.

| | X | SPORT | SEASON DATES | PRACTICE DAYS |
|-----------|---|------------------|-------------------|--|
| SEASON 1 | | TOUCH RUGBY | 21 AUG-26 SEPT | MON & FRI |
| | | CROSS-COUNTRY | 25 AUG- 14 NOV | TUES & THURS |
| | | SOCCER | 14 SEPT – 14 NOV | MON & FRI |
| SEASON 2 | | TABLE TENNIS | 27 OCT – 16 JAN | TUES & THURS |
| | | FLOOR HOCKEY | 13 OCT – 3 DEC | TUES & THURS |
| SEASON 3 | | VOLLEYBALL | 26 JAN – 27 MAR | TUES & THURS |
| | | BADMINTON | 25 JAN – 19 MAR | MON & FRI |
| | | TRACK AND FIELD | 30 MAR – 29 MAY | TUES & THURS |
| | | ULTIMATE FRISBEE | 26 APRIL – 22 MAY | MON, WED, FRI |
| | | BASKETBALL | 22 MAR – 15 MAY | GIRLS – TUES & FRI BOYS – MON & THURS |
| FULL YEAR | | SWIMMING | AUG - JUNE | MON - FRI ** |

** Swim practices occur every afternoon. Swimmers with athletics team commitments will need to negotiate with coaches to attend a minimum of 2 swim practice days each week if there is a clash with another sports practice. Ideally, swimmers should be attending 3 practices each week in the lead-up to an upcoming swim meet.



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: Games and practices are sometimes 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

Uniform: Students will normally wear their HIS PE uniform when participating in Middle School Sports matches and tournaments. In some specific events which require the use of a specific uniform, this uniform will be loaned to the student. If this uniform is not returned or is damaged beyond what would reasonably be expected from use during the athletics event, a replacement fee of 500RMB will be charged.

Participation Costs: Participation in Middle School athletics does not involve any costs. HIS assists athletes by paying all bus transportation costs and tournament registration fees. The exception to this exists for participation in some ACAMIS tournaments for which Middle School students can participate such as Cross-Country and Track and Field. HIS subsidizes some of the expenses related to ACAMIS tournament participation including registration fees but 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 an ACAMIS tournament. Coaches will provide specific dates during seasons. Participation in ACAMIS tournaments is optional for Middle School student athletes.

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: _____



Student Athlete Eligibility Contract

I acknowledge that I am a student, foremost, and have the privilege to participate in athletics 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 athletics. If I am unable to fulfill my requirements in all of my classes, I will not be eligible to participate in athletics.

I am aware that failing to meet all of these requirements will cause me to be ineligible for athletics at HIS. This includes all tournaments, games 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 Athletics 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 an athletics 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 athletics are a privilege.

Student Athlete Signature



Responsibilities and Expectations of Parents

1. To review all the details with respect to the co-curricular activity specified in the Student Athlete Handbook which can 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.

Parent Signature

Date



HISAC 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

2020-2021 HIS Athletics – 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

*Referees / umpires may not permit players to wear regular glasses while participating in some sports as this may pose an unacceptable risk to the individual and other players. Students involved in **Volleyball, Basketball, Soccer, and Ultimate Frisbee** who need to wear glasses should purchase contact lenses or prescription sports glasses/goggles.

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