



**Athlete Registration Packet
SISAC/ACAMIS**

2016-17

Student Athlete Name:

_____ (last)

_____ (first)

Sports:

Please circle the sports you would like to try out for this year.

Season 1	Volleyball
Season 2	Basketball
Season 3	Soccer

All Year
Swimming

Please look at our sports website for dates and times of practices and games.

<https://hzteachers.scis-his.net/sports/>

The information required in the following forms is for the administrative records of the HIS Athletic Department. Please fill them out and return them before the season starts. Athletes cannot participate until forms and money are turned in to the Athletic Department. Thank you!

Permission

Please read the following:

In going out for an HIS team, the student-athlete and parents agree to the practice and tournament/travel schedule. The information below is required for the administrative records of the athletic department. Please fill out and return this **form, a photocopy of your passport (valid for 6 months before travel) or document used to travel in China** and **money** before the season starts. Athletes will **not be allowed** to participate or collect a uniform until this permission sheet, a photocopy of the travel document and money has been returned to the Athletic Coordinator, Zachary Brooks.

Injury: In the event of an athletic injury, parents will be contacted using the phone numbers below. If the parents are not available, consent is granted to the coach (or suitable chaperone) to act in a reasonable and responsible manner during any medical emergency involving the athlete. Neither HIS, nor the HIS coach is liable for personal injury from participation in the HIS athletic program.

Off-Campus Activity: Games and practices are sometimes conducted off-campus. By signing this permission sheet, parents are consenting to off-campus activity.

Uniform: A team uniform will be **lent** to the athlete for the duration of the sports season. **A deposit of 400RMB** must be given to Miss Peggy Pan. This uniform must be returned to the Athletic Coordinator at the end of the season, or the athlete will not be able to receive year-end reports until it is received and will be responsible for the cost of a new uniform. Once the uniform is returned, the deposit will be refunded.

ACAMIS: HIS aids in paying for trips that involve ACAMIS. Parents must share this responsibility as well. By signing this document below, you recognize and accept this responsibility and commitment. HIS will pay the entry fee to ACAMIS for each student. All other aspects of the trips are 100% cost to the students. **A deposit of 3000RMB** must accompany this registration form. Any money not used, will be refunded following the ACAMIS tournament the athlete is participating in. If more money is required to cover the costs, we will announce that prior to booking for ACAMIS. It is expected that if the athlete participates in the sports season that they will participate in ACAMIS if they are selected to represent the school. If the athlete is not selected to represent the school at ACAMIS, the deposit will be refunded. If an athlete is participating in more than one sport, you must deposit 3000RMB per sport. This can be given to Ms. Peggy Pan prior to the sport or all at once.

I have read and understand all the above conditions for my son/daughter to participate in the HIS Athletics Program.

Parents/Guardian's Signature: _____ Date: _____

Please give all deposit money and travel documents to Peggy Pan in the school office.

Items to Ms. Peggy Pan:

- 400 RMB uniform deposit
- 3000 RMB ACAMIS deposit per sport
- Photocopy of passport or travel document

Items to Mr. Brooks:

- Registration form – sport circled
- Medical Form – completed and signed
- Registration form – completed and signed
- SISAC form – signed
- ACAMIS form - signed

HIS Athletics Medical Review/Liability Release - 2016-17

Student Name (As in passport): _____ Age: _____ Sex: M / F
 Date of Birth: _____ / _____ / _____ Grade: _____ Advisor/Homeroom Teacher: _____
month day year
 Nationality: _____ Passport#: _____ Expiry: _____ Place of Issue: _____
 Sport/Event/Activity: _____ Season: _____

Insurance Provider: _____ **Insurance Number:** _____

Parent Name: _____
 Primary Phone: _____ Secondary Phone: _____
 School E-mail (parent): _____

Parent Name: _____
 Primary Phone: _____ Secondary Phone: _____
 School E-mail (parent): _____

Emergency Contact: _____ Handphone: _____

Does this student...

Have any special Medical Conditions: No Yes Explain: _____
 Currently take any medication: No Yes Explain: _____
 Have a history of Asthma: No Yes Wear a hearing aid: No Yes
 Use an inhaler: No Yes Other: _____ Tetanus Shot: No Yes Date of last shot: _____
 Wear Contact Lens: No Yes Hepatitis B Vaccination: No Yes

Important:

My child has never been told by a doctor to refrain from sports or activities due to a medical concern. No Yes
 Date of most recent physical examination: _____ Completed where: _____
 Since the last doctor's physical, has your child had any serious medical illness? No Yes _____
 Should the school be aware of any other conditions? No Yes _____
 The SCIS nurse, coach, advisor may give Ibuprofen (Advil), Panadol or Tylenol for minor sprains, headaches or menstrual cramps to my son/daughter. No Yes

Liability Release

I hereby fully release and discharge SCIS-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 SCIS-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 SCIS cannot contact me, I authorize SCIS- 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 SCIS-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 Date School Year



SISAC Athletes 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 adhesion 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.

Athlete's Signature

Date



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 housing 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 the hotel 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.

Signature of student's parent/guardian

Signature of student

Date

Date

Sheet to be completed and carried with coaches to an
ACAMIS Tournament