



**Athlete Registration Packet  
CISSA**

**2016-17**

**Student Athlete Name:**

\_\_\_\_\_ (last) \_\_\_\_\_ (first)

**Sports:**

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

<b>Fall Season</b>	Touch Rugby Soccer Table Tennis Ultimate Frisbee Floor Hockey
<b>Spring Season</b>	Badminton Volleyball Track & Field Basketball

**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**. 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 submitted to school administration.

***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.

**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:***

- Photocopy of passport or travel document
- Uniform Deposit – 400 RMB

***Items to Mr. Brooks:***

- Registration form – sport circled
- Medical Form – completed and signed
- Permission form – completed and 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