



2021-2022 ATHLETICS REGISTRATION PACKET

JUNIOR SCHOOL (UNDER 11 G4-5)

Student Athlete Name: _____

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

Check (X) your chosen sports below:

	X	SPORT	SEASON DATES	PRACTICE DAYS
SEASON 1		SOCCER	Aug 30 - Jan 30	FRI
		BASKETBALL	Aug 30 – Jan 23	MON
SEASON 2		TOUCH RUGBY	Feb 21 – May 22	FRI
		TRACK & FIELD	Feb 21 – May 1	TUE,FRI

ITEMS TO BE RETURNED TO THE ATHLETICS DEPARTMENT OFFICE

Completed Registration Packet

Photocopy of Passport or ID Document

STUDENT ATHLETE CODE OF CONDUCT

The opportunity to compete in athletics at ISNS is an honour and a privilege. Along with this privilege comes added responsibility and expectations for student athletes. The intent of this code is not to be punitive, but rather it is meant as a proactive approach to assist student athletes to generate the motivation for them to achieve to their fullest capability. Thus, it is important for student athletes, parents, and coaches to understand the behavioral expectations of this code. Athletes and their parents are asked to sign this form stating that they have read the policy and understand it.

The ISNS Athletic Code of Conduct has two components and the breaking of any of these may result in various consequences ranging from a warning, being held out of competitions, or being asked to leave the team.

BEHAVIOUR: *Students must show responsible and respectful behaviour at school and at all school related events. Students will:*

- Treat all school equipment or property with respect
- Display good sportsmanship toward their team and opponents
- Control their emotions and use appropriate language
- Cooperate with coaches, advisors, chaperones and tournament directors
- Abide by the laws applicable in the locale of their tournament
- Avoid use or being in the vicinity of others that are using illegal drugs, alcohol, and tobacco

ATTENDANCE: *Students are expected to be at school and practice every day unless excused by the attendance officer. Students must:*

- Avoid excessive absences or lateness
- Be aware of the school's attendance policy
- Attend a minimum of half the school day in order to participate in a practice or game with the exception being if student was on a school related trip that day
- Attend **all** practices unless cleared by the coach(es)
- Contact the coach(es) personally by **12 PM** on the day they will miss
- Student-athletes should not miss more than 3 sessions for the entire season
-

Failure to adhere to these standards and expectations could result in disciplinary action, as prescribed by the Athletic Director, Coach(es). In all instances, the administration will be notified of the circumstance of the offense and they reserve the right to apply additional disciplinary action based on the Student Handbook and its disciplinary guidelines. It is imperative that parents and their child(ren) discuss these policies.

I/We have read and understood the above ISNS Athletic Code of Conduct and its expectations and consequences. I/We fully support the statements and the consequences.

Parent Name:

Student Name:

Parent Signature

Date

ASSUMPTION OF RESPONSIBILITY

We acknowledge and understand that there are certain responsibilities associated with participating in ISNS Athletics. These responsibilities include but are not limited to a commitment to participation, a commitment to travel.

COMMITMENT TO PARTICIPATION: Student-Athletes are expected to attend all training sessions unless otherwise noted by a coach or administrator. Student-athletes should not miss more than 3 sessions for the entire season. Any pre-planned absences must be communicated to the coach at least 1 week in advance, unless in emergency situations.

- Primary (Grades 3-5): 1 afterschool training after school per week; 1-2 Saturday events in Shenzhen
- Middle School (Grades 6-8): 3 afterschool trainings per week; plus weekly SISAC games, 2 Saturday events in Guangdong
- High School (Grades 9-12): 3 afterschool trainings per week; plus weekly SISAC games, 2 Saturday events in Guangdong and an end of season ACAMIS tournament within China

I have read and understood the 'Parent Expectations & Responsibilities'. I fully support the statements listed in the 'Student Athlete Handbook'.

Parent Signature

Date

ASSUMPTION OF RISK

WAIVER

Your signature below constitutes and is evidence of your agreement to:

Accept general liability for the participation of your child, indemnify and hold harmless the International School of Nanshan Shenzhen, its Board of Directors, its employees and agents, either jointly or separately, from and against any and all claims, damages, causes of action or injuries incurred or resulting from your child's participation, except in case of willful negligence.

Parent Signature

Date

EMERGENCY MEDICAL AUTHORIZATION

Your signature below constitutes and is evidence of your agreement to:

Authorize the faculty chaperones to provide or cause to be provided such medical services as deemed necessary for the safety and protection of my son/daughter in the event of accident, or illness, and agree to cover any cost incurred.

Parent Signature

Date

INSURANCE

It is strongly recommended that all student athletes be enrolled in a comprehensive health insurance programme.

Insurance Company: _____ Policy Holder: _____

Member Name: _____ Policy Number: _____

Parent Signature

Date

ISNS STUDENT ATHLETE MEDICAL FORM

Students will not be able to participate in sports trainings, games, or tournaments, etc. without this form being completed and signed by the parent or guardian. The information on this form is considered confidential and will accompany the chaperone/coach throughout the duration of the trip/season.

Please complete this form in English.

STUDENT INFORMATION:

Student Name *(as shown in passport/id document)*: _____
English Name: _____
Nationality: _____ Student ID: _____
Date of Birth *(mm/dd/yyyy)*: _____ Gender: Male Female
Passport Number: _____ Passport Expiry Date: _____ Place of Issue: _____

HEALTH INSURANCE INFORMATION:

Student's Medical Insurance Provider: _____
Student's Medical Insurance Policy Number: _____
Insurance Emergency Call Centre _____

GENERAL HEALTH INFORMATION:

Please provide the information requested below as it may be needed in case of an emergency.

Does your son/daughter:

- | | |
|---|--|
| Require an EpiPen | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Use an inhaler | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Wear contact lenses | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Wear a hearing aid | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Had a Hepatitis B vaccination | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Had a Tetanus shot | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have high blood pressure | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have diabetes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Suffer from frequent migraines or headaches | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has anyone ever told your son/daughter they have a heart murmur? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has anyone ever told your son/daughter they have an enlarged or weak heart? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has he/she ever passed out during exercise? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has he/she ever had chest pain or chest pressure during or after exercise? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have any Medical Conditions or Allergies: <i>(If yes please explain)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Currently take any medication: *(If yes please explain)*

Yes No

Has your son/daughter ever been told by a physician not to participate in certain physical activities?
(If yes please explain)

Yes No

Does your son/daughter have any dietary restrictions? *(If yes please explain)*

Yes No

PARENT/CAREGIVER INFORMATION:

Primary contact name: _____ Relationship to student: _____

Phone #: _____ Email: _____

Secondary contact name: _____ Relationship to student: _____

Phone #: _____ Email: _____

ACKNOWLEDGEMENT OF REPORTING INJURY:

We hereby accept the responsibility for reporting injuries and illnesses to _____ *(print students name)* while competing in athletics at ISNS. I understand that it is my duty to report any and all injuries sustained during athletic participation to the nurse and Athletic Director, **including signs and symptoms of a concussion.**

ASSUMPTION OF RISK:

We acknowledge and understand that there is risk of injury involved with any athletic participation regardless of the care taken to avoid injuries. The risks of injury from all activities involved in athletics are always a possibility, including **1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injures including paralysis and death.** We understand that the student athlete will be under the supervision and direction of an ISNS athletic coach. We agree to follow the rules of the sport and the instruction of the coach, and other medical personal to reduce the risk of injury in sports. We freely, knowingly, and willfully accept and assume the risk of injury that might occur from participation in athletics.

EMERGENCY MEDICAL AUTHORISATION:

Your signature below constitutes and is evidence of your agreement to:

- I. authorize the faculty chaperones to provide or cause to be provided such medical services as deemed necessary for the safety and protection of my son/daughter in the event of accident, or illness, and agree to cover any cost incurred. I understand that chaperones cannot prevent injuries because they cannot always control the conditions present or be present at all times.
- II. bear the cost of any and all additional costs, including but not limited to travel, transportation, accommodation, etc. (if it cannot be covered by insurance that school purchased) in the event of a medical emergency.

WAIVER:

Your signature below constitutes and is evidence of your agreement to:

- I. Accept general liability for the participation of your child, indemnify and hold harmless the International School of Nanshan Shenzhen, its Board of Directors, its employees and agents, either jointly or separately, from and against any and all claims, damages, causes of action or injuries incurred or resulting from your child's participation, except in case of willful negligence.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date