



ISB HS Athletic Agreement 2019-2020

As an ISB student – athlete participating voluntarily in interscholastic athletics, I understand that:

1. I will abide by ISB's rules as described in ISB's divisional student handbook, the coach's team rules, BISAC rules and/or IASAS rules, and this Athletic Agreement. Violation may result in suspension or dismissal from the team and further disciplinary action from the divisional office or Athletics Director.
2. I will conduct myself in an exemplary manner at all times, upholding the [philosophy of ISB Athletics](#), and [Code of Conduct](#).
3. I am aware that athletes are expected to attend all practices and games, demonstrate commitment and responsibility, schedule any appointments outside of team time, and communicate any unavoidable conflicts to the coach in advance.
4. **I will not use or be in possession of tobacco, alcohol or other drugs at any point in the season. If I do use any of these substances, am in possession of such substances, or am suspended from school for use or possession of these substances, I will be subject to disciplinary action and possible dismissal from the team.**
5. I will be responsible for all athletic equipment and uniforms issued to me throughout the season, paying a for such equipment as deemed appropriate by the Athletics Office, and will return any ISB items at the conclusion of the season.
6. I acknowledge that I have been properly advised, cautioned and warned by administrative and coaching personnel of ISB that I am exposing myself to risk of injury, including but not limited to, the risk of sprains, fractures, and ligament and/or cartilage damage which could result in a temporary or permanent, partial or complete impairment in the use of my limbs, brain damage, paralysis; or even death. Having been so cautioned and warned, it is still my desire to participate in sports and to do so with full knowledge and understanding of the risk of injury.
7. The ISB Athletic Trainer / Physiotherapist is empowered to make all final calls regarding an athlete's return to play timeline. He is employed to assist with rehabilitation and manage injury recovery plans for ISB students, and athletes and parents agree to accept the ISB policies that govern return to play.
8. I, along with my parents, certify that I have read and understand all the International School Bangkok Athletic Policies in the ISB Student Handbook and in order to be eligible for participation I must comply with all the requirements listed.
9. I understand that any team-organized apparel that is worn when representing ISB must be pre-approved by the ISB Athletics Office.

Student Name & Student ID#

Date

Student Signature

As a parent, whose child is participating voluntarily in interscholastic athletics, I understand that:

10. I acknowledge with permission that my child will be required to travel within the Bangkok region using school-organized transport. For U13 athletes and above, a downtown bus will go to the Sukhumvit area if required. In this case, my family and I give permission to travel on these school organized athletic trips and take the BTS home from designated drop-off areas downtown following games.
11. I acknowledge that if I my child is participating in a Varsity team, they will be required (if selected) to travel internationally to IASAS Exchange and IASAS Championship events. These require a financial commitment, a current passport (with six months validity), and when necessary, a visa in order to travel.
12. **I understand that ISB varsity athletes are required to host/billet visiting athletes during IASAS events.** The minimum requirement is to host once per Varsity Sport /Season. Junior Varsity athletes are also expected to help share in the hosting responsibility when possible. I understand that if I am unable to house visitors, I will find a replacement.
13. I consent to the medical care being administered to the above named student in the event of an emergency and if the parent/guardian cannot be contacted, with the understanding that the parent/guardian will be contacted as soon as possible.
14. I consent to the above named student to be given over the counter medications carried in the first aid kit if required during a trip.

Parent Name

Date

Parent Signature

Emergency contact #