

YONGSAN INTERNATIONAL SCHOOL OF SEOUL



**MIDDLE SCHOOL SPORTS
2014-2015 DOCUMENT PACKET**
(Due to MS Office by 4:00pm August 21, 2014)

- △ General Liability Form
- △ Power of Attorney for Medical Care
- △ KAIAC Student Contract
- △ Copy of Child Passport (*please attach*)

- △ Male
- △ Female

Student Name

Grade

OFFICE USE ONLY

Sport #1

Sport #2

Packet Received

General Liability Waiver Form



Yongsan International School of Seoul
San 10-213, Hannam 2dong, Yongsan ku
Seoul 140-210, Korea
Tel: (02) 797-5104 Fax: (02) 797-9082

Contact Information for Staff Member Requesting

Name	Jeremiah Davis	Date of Request	August 11, 2014
Contact Number	02-797-5104 ext 251	Email	jeremiah.davis@yisseoul.org

I hereby certify that my child, _____ ("Student")
(Fill in the full name of child)

has my permission to participate in Middle School Athletics ("Activity / Activities");
(Fill in full description of Activity)

Place: YISS and Hosting Locations Date: 2014-2015 School Year
(List specific location(s) of Activity) (List date or date range of Activity)

I declare that I am the legally acceptable representative of the Student, and, if applicable, obtained the consent of all other legal representatives of the Student to allow said Student to take part in the Activity / Activities.

I agree and do hereby release any teacher, employee, other person associated with Yongsan International School of Seoul ("YISS") who may be engaged in the Activity / Activities, and YISS (collectively, "Indemnites"), from and against any and all liability, losses, damages, costs and expenses of any nature whatsoever awarded against, incurred or suffered by them, whether direct or consequential, present and future, known or unknown, in any manner arising out of the Activity / Activities except in the instance of willful or gross neglect. I further understand and agree that this release shall hold the Indemnites who is engaged in the Activity / Activities harmless from any and all liability relating to the Student for any and all injury or illness that may be suffered by the Student, and further, I agree to hold them harmless from any loss of property by the Student that may occur during the Activity / Activities except in the instance of willful or gross neglect.

I am aware that the above Activity / Activities may risk injury and I have the Student participate in the Activity / Activities with full knowledge of that possibility. I hereby agree that I will not hold Indemnites liable for any injury of the Student.

I fully understand that my permission of Student's participation in the Activity / Activities is voluntary and I have had sufficient time to properly consider my permission. I have been able to ask questions about the Activity / Activities and I understand and I am satisfied with the answers and explanations given to me, if any.

I have carefully read this waiver and fully understand its contents. I am aware that this is a release of liability and I accept and sign this waiver of my own free will. This waiver is subject to the laws and regulations of the Republic of Korea.

It is understood that no student will be allowed to participate in this activity until this form is signed by his/her parent or guardian.

Signature of Parent or Guardian _____ Date _____

DO NOT CUT

Student's Name _____

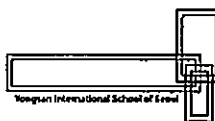
In case of emergency, I give permission to the school authorities or its representatives to obtain medical treatment of my child in my absence.

Signature of Parent or Guardian _____ Date _____

Emergency Contact Number _____

Yongsan International School of Seoul

Special Power of Attorney for Medical Care Form



Yongsan International School of Seoul
 San 10-213, Hannam 2dong, Yongsan ku
 Seoul 140-210, Korea
 Tel: (02) 797-5104 Fax: (02) 797-9082

Contact Information for Staff Member Requesting

Name	Jeremiah Davis	Date of Request	August 11, 2014
Contact Number	02-797-5104 ext 251	Email	Jeremiah.davis@yisseoul.org

KNOW ALL MEN BY THESE PRESENTS THAT I, _____ (Fill in full name of parent/legal guardian), hereby appoint the adult supervisor(s) of the Yongsan International School of Seoul's Middle School Athletics, (Fill in full description of activity / club / team) with full power and authority to act individually and independently on my behalf for my child, _____ (Fill in the name of child, "Student") who is participating in the event, in connection with the following matters: (i) to make any and all medical care decisions; (ii) to consent to any and all medical care; and (iii) to arrange any and all medical services and procedures, including major surgery. I declare that I am the legally acceptable representative of the Student, and, if applicable, obtain the consent of all other legal representatives of the Student in relation to this Special Power of Attorney for Medical Care ("POA").

For avoidance of doubt, "medical care" means any treatment, service or procedure to maintain, diagnose, or treat the above named child's physical or mental treatment.

I hereby ratify and confirm any action taken by the above supervisor(s) within the scope of authority conferred hereunder, and declare that this POA shall remain in full force and effect and irrevocable.

I further agree to indemnify and hold the above supervisor(s) and/or YISS harmless from and against any and all liabilities, damages, penalties, suits, expenses, and all other costs of any kind of nature whatsoever imposed on, incurred by or asserted against the above supervisor(s) in respect of the above supervisor(s)' action or failure to act hereunder. I have carefully read this POA and fully understand its contents, and I accept and sign this POA of my own free will. This POA is subject to the laws and regulations of the Republic of Korea.

IN WITNESS WHEREOF, I have duly executed this POA on and as of this ____ day of _____, ____ (year).

Signature of Parent or Guardian _____ Date _____

Emergency Contact Number _____

Middle School Korean-American Interscholastic Activities Conference (MS KAIAC)

Standards of Conduct Middle School Student-Athletes

Created by the MS KAIAC

Behavior/conduct of students during on/off campus activities will be maintained at the highest level. As a MS KAIAC student-athlete I agree to:

- Treat competitors, teammates, coaches, officials, and fans with **courtesy and respect**
- Continually strive to **improve**, both in the **classroom** and in the **athletic arena**.
- **Represent** their team and their school in a **positive and responsible manner**.
- Maintain a **healthy and productive lifestyle**, and refrain from the use of all controlled substances, alcohol, and tobacco products.
- Model and exhibit the principles of **good sportsmanship** in all contests and practices.
- **Cooperate** with my coach, teammates, and opponents. I understand that without them we would not have a game.
- Work **equally** hard for **myself**, and my **team**. I realize that my team's performance will benefit and so will my own.
- Remember that the goals of the game are to have **fun, improve my skills, and feel good**. I will not show off or try to get the most points.
- Play for the "fun of it," and "for the love of the game", not just please my parents or coach.

Students who are unable to follow these standards will not be allowed to participate.

I have read and understand the above statements. I will adhere to the standards of conduct to the best of my ability.

Student Name: _____ Student Signature: _____

Parent Name: _____ Parent Signature: _____

Telephone: _____ Date: _____

E-mail: _____
