

ATHLETIC CLEARANCE – ALL SPORTS

NOTE: IN ORDER TO COMPETE IN A SPORT, YOUR ATHLETICS CLEARANCE PACKET MUST BE COMPLETED and CLEARED BEFORE YOU CAN COMPETE. FAILURE TO DO SO WILL RESULT IN INELIGIBILITY AND POSSIBLE CONSEQUENCES FOR PLAYER, COACH AND TEAM. **

A clearance packet must be filled out when trying out for any sport during the school year. If you try out for additional sports in the same school year, inform your coach of the team you were on and that your packet is in SchoolMint.

In order to participate in athletics with Wiseburn – Da Vinci Athletics, you must first be a student at either Communications, Design or Science and complete the following:

1. **Did the student athlete maintain a 2.0 GPA with no incompletes or F's in their last grading period (this includes in coming 9th graders)?**
 - a. If not, **do not** continue, **you are ineligible.**
 - b. If the student athlete did earn a 2.0, please continue.

2. **Complete this on-line packet.**
 - a. Understanding of WDV's academic, attendance, citizenship expectations and requirements.
 - b. Uniform and Equipment Contract
 - c. Medical Waiver and Emergency Card, (you will need your insurance information)
 - d. Physical Examination Form
 - e. Transportation/Travel Release
 - f. CIF Athlete's Code of Ethics
 - g. Concussion Information
 - h. Heart Health Information

3. **Student Physical Examination Report:** Scan or snap a clear photo of the physical form signed and stamped by the doctor to upload to SchoolMint and turn in the original hard copy to the Athletic Director.

4. **Insurance:** You need to attach proof of health insurance. Please scan or snap a clear photo of your insurance card and upload to SchoolMint.

If you have any questions or need further information, please call the Athletics Office at (310) 725-5800, extension.

WHEN YOU TRYOUT FOR AN ADDITIONAL SPORT, PLEASE INFORM THE COACH WHICH SPORT YOU ARE COMING FROM and THAT YOU HAVE COMPLETED THE ON-LINE FORMS.

Wiseburn - Da Vinci Schools Athlete Contract

Each student at Wiseburn - Da Vinci Charter Schools (Science, Design & Communications) who wishes to engage in Athletics is required to read and sign the following statement before participating in any after school Athletics program.

To participate, each student must make a commitment to maintain his/her grades, maintain good citizenship, and maintain good attendance and punctuality.

Academic Requirements: (Also see Article 20 of the CIF Southern Section Blue Book Constitution & Bylaws)

- Students must have had a 2.0 GPA in the reported grading period prior to the season of sport and
- Must maintain a GPA of 2.0 or higher with no current incompletes in any of his/her classes based on their progress and report cards.
- If any participating student does not maintain his/her grades, he/she will be placed on temporary athletic probation until the next grading period.
 - If the student is below a 2.0 with or without incompletes for two (2) consecutive grading periods they will be determined to be INELIGIBLE
 - The principal of each school may allow the student to participate in practice

Failure to improve will result in dismissal from the team.

Attendance and Punctuality Requirements: (Also see Article 20 of the CIF Southern Section Blue Book Constitution & Bylaws)

- Students must be present in school in order to participate in any after school practice or games.
- Any student with repeated unexcused absences and/or unexcused tardies to school may not be permitted to participate in athletics.
- Any student who has 3 or more unexcused absences from practice may be dismissed from the team.
- Any student who has combined for 4 or more unexcused tardies or absences from practice may be dismissed from the team.

Citizenship Requirements: (Also see Article 20 of the CIF Southern Section Blue Book Constitution & Bylaws)

- As a representative of Wiseburn - Da Vinci, students are expected to stand above the average high school student, so their
 - Citizenship must be reflected by their behavior on and off the field I court.
 - Proper language must be used at all times, i.e. cursing is not allowed.
 - Any student who is exhibiting poor citizenship in class or outside of class may be dismissed from the team at any time.

Transfer Eligibility:

Please list all schools attended in the past 12 months

1. _____

2. _____

Wiseburn - Da Vinci Schools Athlete Contract

Student athletes are being issued the uniform and/or equipment items at no cost to you. You are responsible for the maintenance, laundry and/or care of these items. All uniform items must be kept neat and clean and in good condition at all times.

REPLACEMENT OF ITEMS

- In the event of a lost, destroyed or damaged uniform you are responsible for the cost of the replacement.
 - **If any part of the uniform is missing or damaged the replacement cost is \$65.00.**
- In the event of uniform normal wear and tear, items should be exchanged for the replacement items. You will not be charged for the cost of replacing items due to normal wear and tear to uniform items.

RETURN OF ITEMS

Upon the completion of the season, the following terms will be applied:

- All uniform or equipment items issued are considered Wiseburn/Da Vinci owned property and must be returned in good and usable condition no later than the team's awards banquet.
- If the issued uniform or equipment items are not returned or the items are returned damaged and unusable, you will be held accountable for the cost of replacing these items, see above.

CLEANING OF UNIFORMS

- All uniform items have noted washing instructions. General instructions are to wash the item in cold water and may be dried under the **low heat** setting. **It is best to line dry the uniforms.**

I thoroughly understand the above Agreement and agree to abide by the indicated terms.

Student Name

Student Signature

Date

Student Email Address

Students Phone Number

Parent/ Guardian Name

Parent/ Guardian Signature

Date

Parent / Guardian Email Address

Parent / Guardian Phone Number



**EMERGENCY INFORMATION CARD
AUTHORIZATION TO TREAT A MINOR**

I (we) the undersigned parent, parents, or legal guardian of: _____
Last Name (please print) First Name

a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical treatment rendered by any member of the medical or emergency room staff licensed under the provisions of the Medicine Practice Act, or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care deemed advisable by the aforementioned physician in the exercise of his best judgment. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that none of the above treatment will be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 258 of the Civil Code of California.

EMERGENCY INFORMATION

STUDENT _____ DATE _____

ADDRESS _____
City State Zip

MEDICAL INSURANCE PROVIDED BY:

Insurance Co.: _____ Subscriber Name: _____

MediCal / Medicaid _____

Signature of Mother /Legal Guardian

Signature of Father / Legal Guardian

Print name of Mother/legal Guardian

Print name of Father / Legal Guardian

Emergency Contact Phone Numbers

Mother _____
Home# Cell # Work#

Father _____
Home# Cell # Work#

Other _____
Name: Home# Cell # Work#

DISCLAIMER: This material is for informational purposes only. It is not intended to give specific legal or risk management advice, nor are any suggested checklists or actions plans intended to include or address all possible risk management exposures or solutions. You are encouraged to retain your own expert consultants and legal advisors in order to develop a risk management plan specific to your Charter School.



WISEBURN – DA VINCI ATHLETICS
 201 N. DOUGLAS ST.
 EL SEGUNDO, CALIFORNIA, 90245
 (310) 725-5800

**Wiseburn – Da Vinci Athletics
 Student/Athlete Travel Release Form**

Dear Parents,

WDV Athletics provides bus transportation to most away athletic contests that occur on school days. However, we do not always provide transportation to contests that occur on weekends or during official school breaks (summer, winter, spring and/or Thanksgiving). In an attempt to keep athletics affordable without asking families to pay a transportation fee we ask that teams make arrangements to carpool to tournaments that occur on weekends and during breaks from school.

I, _____, the parent/guardian of _____ will allow my
 (parent/guardian, print name) (student, print name)

child to make the following arrangements (see next page) for athletic travel to and/or from athletic events and/or activities during the current school year.

I acknowledge and understand that the adult driver is not providing transportation on behalf of, or as an agent of, or at the direction of, the Da Vinci Schools or the Wiseburn Unified School District. Further, I understand that neither the district nor the school has verified health or fitness or driving record of the adult driver, compliance with licensing requirements or financial responsibility laws of the state, or the mechanical condition of the vehicle.

I fully understand that the district nor the school is in any way responsible, nor does the district or the school assume liability for any injuries or losses resulting from this non-district and non-school sponsored transportation. Although the Wiseburn – Da Vinci coaches may suggest travel time, routes, or carpooling to or from this event, I fully understand that such suggestions are not mandatory.

For and in consideration of permitting _____ to travel to and/or from the Da Vinci
 (student, print name)

Schools or the Wiseburn Unified School District athletic events and/or activities, the Undersigned hereby shall hold harmless, indemnify, voluntarily release, discharge, waive and relinquish any and all claims, actions or causes of action of any nature whatsoever, including but not limited to, personal injury, property damage or wrongful death, however caused, occurred, arose, resulted from, or in connection with said travel.

 Student Signature

 Date

 Parent or Guardian Signature

 Date



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WISEBURN - DA VINCI

Parents /Guardian must sign by each arrangement for which s/he accepts responsibility:

Students are NOT allowed to drive other students under any circumstances

1. My child may be driven to and/or from competitions/events with an adult driver other than his/her parent/guardian.

 (Parent/Guardian Signature) (Date)

2. My child may drive himself/herself to and/or from athletic competitions/school events.

 (Parent/Guardian Signature) (Date)

3. My child may be driven to and/or from competitions/events with a ride-share app (e.g. Uber, Lyft) or by taxi.

 (Parent/Guardian Signature) (Date)

4. Other driving arrangements acceptable to parent/guardian (please print neatly).

 (Parent/Guardian Signature) (Date)

Please note, the Wiseburn – Da Vinci Athletics, the Da Vinci Schools nor does Wiseburn Unified School District assume responsibility or liability for verifying relationship of driver to student/athlete.



WISEBURN - DA VINCI



ATHLETE'S CODE OF ETHICS

Athletics is an integral part of the school's total educational program. All school activities, curricular and extra-curricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character, lose with dignity.

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Article 523).

By signing below, both the participating student athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We recognize that under CIF Bylaw

202, there could be penalties for false or fraudulent information.

We also understand that the Da Vinci Schools and Wiseburn Unified School District's policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Athlete's Name

Athlete's Signature

Date

Parent/Guardian Signature

Date

A copy of this form must be kept on file in the Athletic Director's Office at the local high school on an annual basis.

WISEBURN – DA VINCI ATHLETICS

Concussion Information Sheet and Return to Play Policy

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- Headaches
- “Pressure in head”
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Amnesia
- “Don’t feel right”
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems (Forgetting game plays)
- Repeating the same question/comment

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

WISEBURN – DA VINCI ATHLETICS
Concussion Information Sheet and Return to Play Policy

What can happen if my child keeps on playing with a concussion or returns to soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day.”

and

“A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child's coach if you think that your child may have a concussion Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:
<http://www.cdc.gov/ConcussionInYouthSports/>

WISEBURN – DA VINCI ATHLETICS

Concussion Information Sheet and Return to Play Policy

Once an athlete has been symptom free for at least 24 hours a return to play protocol can begin. The following is the stepwise process as outlined in the table below (McCroory, 2009) can be followed. With this stepwise progression, the athlete will only continue to proceed to the next level if asymptomatic at the current level. Each step will take at minimum 24 hours so that an athlete would take one week to proceed through the full rehabilitation protocol once they are asymptomatic at rest and with provocative exercise. If any post-concussion symptoms occur while in the stepwise program, then the patient should drop back to the previous asymptomatic level and try to progress again after a further 24 hour period of rest has passed.

Rehabilitation Stage	Functional Exercise at Each Stage of Rehabilitation	Objective of Each Stage
1. No activity	Complete physical and cognitive rest	Recovery
2. Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity <70% MPRH; no resistance training	Increase HR
3. Sport-specific exercise	Skating drills in ice hockey, running drills in soccer; no head impact activities	Add movement
4. Non-contact training drills	Progression to more complex training drills, eg, passing drills in football and ice hockey; may start progressive resistance training	Exercise, coordination, and cognitive load
5. Full contact practice	Following medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6. Return to play	Normal game play	

Student-Athlete Name Printed

Student-Athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date



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WISEBURN - DA VINCI

PHYSICAL EXAMINATION FORM

Pre-participation Physical Evaluation

To be filled out by Physician

Last Name: _____ First Name: _____

DOB: _____ Grade: _____ Height: _____ Weight: _____

Vision R 20/____ L 20/____ Corrected: Y N

Pupils: Equal _____ Unequal _____

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)+			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

+Having a third party present is recommended for the genitourinary examination

Notes: _____
 This athlete is:

- Cleared without restriction for ALL SPORTS
- Cleared without restriction for certain sports: _____
- Cleared, with recommendations for further evaluation or treatment for: _____
- Not Cleared- Reason: _____

Recommendations: _____

EMERGENCY INFORMATION

Allergies _____ Physical Date: _____

Name of physician (Print): _____ Date: _____

Address: _____ Phone: _____

I have completed the Pre-participation Physical Evaluation and reviewed the Physical History Form

Signature of Physician _____ - MD or DO
 (Cannot accept physical done by a Chiropractor)

Parent Questionnaire:

Name: _____

School: _____

Age: _____ Grade: _____

Health History:
 Please answer Yes or No

	Y	N
Recurrent Illness?		
Hospitalization?		
Injuries treated by doctor?		
Current Medications?		
Organs missing?		
Heat Exhaustion/stroke?		
Surgery other than tonsils?		
Dizziness, Fainting, Headaches, convulsions?		
Knocked out?		
Concussion?		
Wears glasses or contacts?		
Dental Caps, braces, bridge?		
Cough / pain?		
Problems: Heart murmurs, blood pressure?		
Problems: Liver, Kidney, Spleen?		
Hernia?		
Skin disease		
Bone and/or joint injury?		
Allergic to medications?		
Tetanus shot in last 10 yrs?		

The above information is current and correct to the best of my knowledge.

Signature of parent/guardian _____

Date _____

Place Address/Facility stamp here (physical will NOT be accepted without stamp)

Keep Their Heart in the Game

A Sudden Cardiac Arrest Information Sheet for Athletes and Parents/Guardians

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the victim to collapse. The malfunction is caused by a congenital or genetic defect in the heart's structure.

How common is sudden cardiac arrest in the United States?

As the leading cause of death in the U.S., there are more than 300,000 cardiac arrests outside hospitals each year, with nine out of 10 resulting in death. Thousands of sudden cardiac arrests occur among youth, as it is the #2 cause of death under 25 and the #1 killer of student athletes during exercise.

Who is at risk for sudden cardiac arrest?

SCA is more likely to occur during exercise or physical activity, so student-athletes are at greater risk. While a heart condition may have no warning signs, studies show that many young people do have symptoms but neglect to tell an adult. This may be because they are embarrassed, they do not want to jeopardize their playing time, they mistakenly think they're out of shape and need to train harder, or they simply ignore the symptoms, assuming they will "just go away." Additionally, some health history factors increase the risk of SCA.

FAINTING
IS the
#1 SYMPTOM
OF A HEART CONDITION

What should you do if your student-athlete is experiencing any of these symptoms?

We need to let student-athletes know that if they experience any SCA-related symptoms it is crucial to alert an adult and get follow-up care as soon as possible with a primary care physician. If the athlete has any of the SCA risk factors, these should also be discussed with a doctor to determine if further testing is needed. Wait for your doctor's feedback before returning to play, and alert your coach, trainer and school nurse about any diagnosed conditions.

What is an AED?



An automated external defibrillator (AED) is the only way to save a sudden cardiac arrest victim. An AED is a portable, user-friendly device that automatically diagnoses potentially life-threatening heart rhythms and delivers an electric shock to restore normal rhythm. Anyone can operate an AED, regardless of training. Simple audio direction instructs the rescuer when to press a button to deliver the shock, while other AEDs provide an automatic shock if a fatal heart rhythm is detected. A rescuer cannot accidentally hurt a victim with an AED—quick action can only help. AEDs are designed to only shock victims whose hearts need to be restored to a healthy rhythm. Check with your school for locations of on-campus AEDs.

The Cardiac Chain of Survival

On average it takes EMS teams up to 12 minutes to arrive to a cardiac emergency. Every minute delay in attending to a sudden cardiac arrest victim decreases the chance of survival by 10%. Everyone should be prepared to take action in the first minutes of collapse.



Early Recognition of Sudden Cardiac Arrest Collapsed and unresponsive. Gasping, gurgling, snorting, moaning or labored breathing noises. Seizure-like activity



Early Access to 9-1-1
Confirm unresponsiveness.
Call 9-1-1 and follow emergency dispatcher's instructions.
Call any on-site Emergency Responders.

Early CPR



Begin cardiopulmonary resuscitation (CPR) immediately. Hands-only CPR involves fast and continual two-inch chest compressions—about 100 per minute.

Early Defibrillation



Immediately retrieve and use an automated external defibrillator (AED) as soon as possible to restore the heart to its normal rhythm. Mobile AED units have step-by-step instructions for a bystander to use in an emergency situation

Early Advanced Care



Emergency Medical Services (EMS) Responders begin advanced life support including additional resuscitative measures and transfer to a hospital

Keep Their Heart in the Game

Recognize the Warning Signs & Risk Factors of Sudden Cardiac Arrest (SCA)

Tell Your Coach and Consult Your Doctor if These Conditions are Present in Your Student-Athlete

Potential Indicators That SCA May Occur

- Fainting or seizure, especially during or right after exercise
- Fainting repeatedly or with excitement or startle
- Excessive shortness of breath during exercise
- Racing or fluttering heart palpitations or irregular heartbeat
- Repeated dizziness or lightheadedness
- Chest pain or discomfort with exercise
- Excessive, unexpected fatigue during or after exercise

Factors That Increase the Risk of SCA

- Family history of known heart abnormalities or sudden death before age 50
- Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- Family members with unexplained fainting, seizures, drowning or near drowning or car accidents
- Known structural heart abnormality, repaired or unrepaired
- Use of drugs, such as cocaine, inhalants, “recreational” drugs, excessive energy drinks or performance-enhancing supplements

What is CIF doing to help protect student-athletes?

CIF amended its bylaws to include language that adds SCA training to coach certification and practice and game protocol that empowers coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition. A student-athlete who has been removed from play after displaying signs or symptoms associated with SCA may not return to play until he or she is evaluated and cleared by a licensed health care provider. Parents, guardians and caregivers are urged to dialogue with student-athletes about their heart health and everyone associated with high school sports should be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

I have reviewed and understand the symptoms and warning signs of SCA and the new CIF protocol to incorporate SCA prevention strategies into my student’s sports program.

STUDENT-ATHLETE SIGNATURE

PRINT STUDENT-ATHLETE’S NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT PARENT/GUARDIAN’S NAME

DATE

For more information about Sudden Cardiac Arrest visit

California Interscholastic Federation
<http://www.cifstate.org>

Eric Paredes Save A Life Foundation
<http://www.epsavealife.org>

National Federation of High Schools
(20-minute training video)
<https://nfhslearn.com/courses/61032>



ERIC PAREDES
SAVE A LIFE
FOUNDATION