



ACADEMY OF BUSINESS, LAW, AND EDUCATION
ABLE Charter Schools
At Humphreys University

Morgan Torres-Unger
Athletic Director

ABLE Charter Athletics Packet

"Be A LEGACY!"

Athletic Director

Morgan Torres-Unger

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KEEP THIS FORM FOR YOUR INFORMATION

Please refer to the attached schedule at the end of this packet for the updated schedule on what sports start at what time. This was last updated on August 7th, 2020.

Clem Lee
Superintendent



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ATHLETICS POLICIES AND PROCEDURES PACKET

The following student-athlete has applied to participate in an ABLE sports program:

Student Name:		Grade Level:	
Fall Sport Tryout	Winter Sport Tryout	Spring Sport Tryout	
Write in each sport you are trying out for in the designated season. If you aren't trying out for a sport in any given season then leave it blank.			
Home Address:		Home Phone:	
Student Cell:		Parent Cell:	
Emergency Contact:		Emergency Phone:	

All athletes must return the following forms to the school via their coach before they begin any practice, scrimmage, or game activities.

Admin Check List	Student/Parent Check List	Form
		Student Medical History
		Sports Emergency Information Card
		Parent/Guardian Athletics Consent Form
		Rules and Regulations for Participation in ABLE Athletics Program Form
		Insurance Coverage Form
		Copy of Insurance Card
		Understanding and Agreement
		Transportation Letter to Parents and Form
		Sudden Cardiac Arrest Info and Acknowledgement Form
		Parent/Athlete Concussion Info Sheet and Agreement (Front and Back)
		Physical/Clearance Form (within the last 6 months)

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Please complete and return all forms to the coach or to the athletic director. Remember: you cannot start to practice or participate in athletics in any way until all the required forms are completed.

SPORTS EMERGENCY INFORMATION CARD

Student and Parent Information:

Student's Name:	Student's AGE:
Parent's Name(s):	
Parent's Best Contact(s)	
Known Allergies/Current Medications/Health Problems:	

Emergency Contact Information:

In an emergency, if the parent cannot be reached, please notify:	Family Physician:
Name:	Name:
Relationship:	
Home Phone:	Address:
Work Phone:	
Cell Phone:	
Name:	Work Phone:
Relationship:	
Home Phone:	Medical #:
Work Phone:	
Cell Phone:	

IMPORTANT: I am not aware of any medical condition of my daughter/son/ward that would render it inappropriate for her/him/them to participate in athletics. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the coach or school staff to secure proper treatment for my daughter/son/ward. Permission is hereby granted to the attending physician to proceed with any major or minor surgical treatment, x-ray examination and immunizations for the above student. In the event of an emergency arising out of a serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If the physician is not able to communicate with me, the treatment necessary for the best interest of the above-named student may be given. I also agree that in the event that my child is injured as a result of her/his/their participation in this activity, whether or not caused by the negligence (active or passive) of the school personnel, recourse for the payment of any resulting hospital, medical, or related costs and expenses will first be had against any accident, hospital, or medical insurance or any benefit plan of mine or my spouse.

X _____
PARENT/GUARDIAN SIGNATURE

DATE _____

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PARENT/GUARDIAN ATHLETICS CONSENT FORM

I, _____, (print) the parent/guardian of _____, hereby request that my daughter/son/ward be allowed to participate in ABLE Charter's athletic programs. I understand participation in athletics is optional and that participation by my daughter/son/ward is not required.

I agree to direct my child to cooperate and conform to the directions and instructions of the school personnel, coaches, or adult volunteers responsible for the athletics program. I understand that all students participating in sports are responsible in conduct to the coaches, teachers, or adult volunteers at all times. I will direct my student to follow the school rules at all times when involved with an ABLE athletic event, including while at games or practices, while going to or coming from an athletic event (including games, scrimmages, or practices), while under the supervision of an athletic coach, adult volunteer, or school staff member.

AUTHORIZATION TO TREAT A MINOR:

I am not aware of any medical condition of my child that would render it inappropriate for her/him/them to participate in athletics. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the coach or school staff to secure proper treatment for my child. Permission is hereby granted to the attending physician to proceed with any major or minor surgical treatment, x-ray examination and immunizations for the above student. In the event of an emergency arising out of a serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If the physician is not able to communicate with me, the treatment necessary for the best interest of the above-named student may be given.

As a condition of my daughter/son participating in this activity, I hereby waive any and all claims against ABLE Charter for injury, accident, illness, or death occurring during or by reason of the participating in this activity.

I shall immediately defend, protect, and hold harmless ABLE Charter, its officers, agents, and employees from and against all damages including legal expense and attorney fees of whatever nature arising out of participation in this activity. I shall assume the settlement and defense of any suit or suits or any other legal proceedings instituted against ABLE Charter for injury, accident, illness, or death occurring during or by reason of my child's participation in this activity, including legal expenses and attorney fees of whatever nature arising out of her/his/their participation in this activity. I also agree that in the event that my child is injured as a result of her/his/their participation in this activity, whether or not caused by the negligence (active or passive) of the school personnel, recourse for the payment of any resulting hospital, medical, or related costs and expenses will first be had against any accident, hospital, or medical insurance or any benefit plan of mine or my spouse.

X _____

DATE _____

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**RULES AND REGULATIONS FOR PARTICIPATION IN
ABLE CHARTER'S ATHLETICS PROGRAMS**

This form is an acknowledgement that both student-athlete and parent(s) have read, understand, and are willing to be compliant with the rules, regulations and code of conduct set forth in the ABLE student-athlete and parent handbook. A copy of this document can be found on the ABLE website or can be emailed to you by contacting Coach Evans-Peterson. See cover sheet for contact info.

I, _____ (print) the parent/guardian of

_____ (print) and my student-athlete have read and understand the rules, regulations and code of conduct, including social media conduct set forth in the ABLE student-athlete and parent handbook. In addition, we have received a copy of ABLE Public School's policies and regulations with regard to athletic participation. We agree to abide by all of the above rules and regulations. I give my full permission for my child to participate in ABLE athletics for the 2018-2019 school year.

X _____
PARENT/GUARDIAN SIGNATURE

DATE _____

X _____
PARENT/GUARDIAN SIGNATURE

DATE _____

X _____
STUDENT SIGNATURE

DATE _____

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INSURANCE COVERAGE

The California Education Code requires by law that any student in any “educational institution,” who practices or participates in any extra-mural athletic event **MUST** be insured for a minimum of \$5,000 to cover medical expenses due to accidental injuries. Additional coverage is recommended.

It is the responsibility of the parent/guardian to provide the Accident/Injury Insurance. ABLE Charter cannot be held liable for medical treatment of accidental injuries incurred. **Parents/Guardians MUST do A or B below to provide insurance for their child (check one).**

Any student who needs financial assistance in purchasing medical/accident insurance for athletics should notify her/his/their coach or the school principal.

A: CERTIFICATION OF PERSONAL MEDICAL INSURANCE COVERAGE

This is to certify that my daughter/son/ward is covered by:

Name of Insurance Company: _____

Policy Number: _____

Policy Expiration Date: _____

Copy of Insurance Policy or Card:

Please attach a copy of your insurance policy or insurance card.

YES ____ NO ____	The benefits of this policy are equal to or greater than the \$5,000 minimum required by the State of California for medical and hospital expenses.
YES ____ NO ____	The above policy covers all interscholastic sports in which my student is participating.

B: PURCHASE STUDENT ACCIDENT INSURANCE

Any parent/guardian whose daughter/son/ward is not already covered by an insurance policy with benefits equal to or greater than \$5,000 and that covers the child’s participation in all sports she/he/they is playing, must purchase insurance that meets these criteria. Students are not eligible to participate in any part of the athletics program until they have provided the school with proof of insurance. Application forms and information brochures will be available at the school.

YES ____ NO ____	I am purchasing student accident insurance for my student. I understand that she/he/they is unable to participate in any form of athletics until proof of insurance is provided to the school.
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1. Go to: <http://www.studentinsuranceusa.com>
2. Hover over ‘Student Insurance’
3. Click on K-12 Students
4. Click on K-12 enrollment
5. Choose California
6. Click on ABLE Charter (First one on the list)
7. Choose either ‘Low Plan’ at \$14 for the year or ‘High Plan’ at \$28 for the year.

Complete the Reverse, Please --->

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PARENT/GUARDIAN INSURANCE UNDERSTANDING AND AGREEMENT

Per Education Code 32221, ABLE Charter provides each member of an athletic team *insurance protection for medical and hospital expenses resulting from accidental bodily injuries in an amount of at least five thousand dollars (\$5,000) through our group carrier. The coverage is offered for the injury to members of athletic teams arising while the members are engaged in or are preparing for an athletic event promoted under the sponsorship or arrangements of the ABLE Charter or while the athletes are being transported by or under the sponsorship or arrangements of ABLE Charter to or from school or other place of instruction and the place of the athletic event.*

I am fully aware of the risks and hazards inherent in my daughter/son/ward engaging in this activity and I voluntarily elect, both on my behalf and on behalf of my daughter/son/ward, to have her/him/them engage in that activity, that the activity is such that my daughter/son/ward may be injured even if ABLE Charter and their agents utilize due care. I also know that ABLE Charter and their agents cannot guarantee my daughter/son/ward's safety and financially could not conduct this activity if it bore the risk of injury or death arising out of the activity. I therefore voluntarily assume all risks of loss, damage, injury, or death to my daughter/son/ward arising out of her/his/their participation in this activity.

It is my intent by this clause to exempt and relieve ABLE Charter and their officers, agents, and employees from any and all liability for personal injury, wrongful death, or property damage arising out of my daughter/son/ward's involvement in this activity.

Further, on behalf of myself, my daughter/son/ward, and our personal representatives, assigns, heirs, and next of kin, I hereby release, waive, discharge, and covenant not to sue ABLE Charter, and their officers, agents, or employees for loss or damage and any claims or demands therefore on account of injury or death to my daughter/son/ward, whether caused by negligence by ABLE Charter, or their employees or volunteers, where such injury or death occurs during, by reason of, or arising out of this activity.

X _____
PARENT/GUARDIAN SIGNATURE

DATE _____

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Superintendent



PICKING UP STUDENTS AFTER AWAY GAMES

Occasionally, there is a time gap between the time student athletes return to the ABLE campus and the time when parents arrive to pick up their athletes. Our coaches are responsible for the students until parents (or designee) arrive. So, we are asking that you be considerate of our coaches' time as they are already putting in an extra-long day. Please be prompt for pick-up of your student athletes. We will have tentative pick-up times announced before every contest/practice. Times are subject to change due to games going into overtime, not starting on time, traffic, etc. We will do our best to have students contact you when we depart after the game if we think we will be back to campus earlier or later than expected. If waiting for pickup becomes an ongoing issue for the coach, each coach will have the ability to release players from the team that cannot be picked up in a timely manner. We are looking for student-athletes to be picked up within 30 minutes of the team's arrival time.

The most important thing here is to be communicative. We know things happen, but please do your best to contact both your student-athlete and their coach(es) to let them know what your status is. Making a habit of showing up late to pick up your student-athlete may result in a fine and/or removal from the athletics program.

Thank you,

Coaches of ABLE



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TRANSPORTATION TO AND FROM SPORTING EVENTS
RULES AND REGULATIONS

1. All students must ride to and from all school-sponsored sporting events and activities with authorized drivers only.
2. Authorized drivers will be authorized by the school site administrator and coach at the start of each sport's season (forms must be completed and on file in the school office).
3. Students are NEVER allowed to drive other students to school-sponsored sporting events or activities. Violations of this rule will result in dismissal from the team.
4. Students transported to any school-sponsored sporting event or activity must return to the school by the same means, unless released to the parent/guardian by the administrator or coach.
5. The maximum number of passengers in any non-school bus shall not exceed the number of seat belts.
6. No vehicle designed to seat more than nine passengers shall be used to transport students unless it is operated by a driver with a California Special Drivers Certificate of the appropriate class.
7. Liability insurance coverage is the responsibility of the driver (\$300,000/\$100,000/\$50,000).

I give my permission for my child to be transported to and from school-sponsored sporting events by authorized drivers under the above circumstances.

- I am fully aware of the risks and hazards inherent in my daughter/son engaging in this activity and I voluntarily elect, both on my behalf and on behalf of my daughter/son/ward, to have her/him/them engage in that activity, that the activity is such that my daughter/son may be injured even if ABLE Charter and their agents utilize due care.
- I know that ABLE Charter and their agents cannot guarantee my daughter/son's safety and financially could not conduct this activity if it bore the risk of injury or death arising out of the activity. I therefore voluntarily assume all risks of loss, damage, injury or death to my daughter/son/ward arising out of her/his/their participation in this activity.
- It is my intent by this clause to exempt and relieve ABLE Charter and their officers, agents, and employees from any and all liability for personal injury, wrongful death, or property damage arising out of my daughter/son/ward's involvement in this activity.
- Further, on behalf of myself, my daughter/son/ward, and our personal representatives, assigns, heirs, and next of kin, I hereby release, waive, discharge, and covenant not to sue ABLE Charter, and their officers, agents, or employees for loss or damage and any claims or demands therefore on account of injury or death to my daughter/son, whether caused by negligence by ABLE Charter, or their employees or volunteers, where such injury or death occurs during, by reason of, or arising out of this activity.

X _____
PARENT/GUARDIAN SIGNATURE

DATE _____

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**Parent/Guardian and Pupil Sudden Cardiac Arrest Warning Signs and Symptoms
Information and Acknowledgment Form**

On July 1, 2017, Assembly Bill 1639, known as the Eric Paredes Sudden Cardiac Arrest (SCA) Prevention Act went into effect. This requires the pupil and their parent or guardian to read, sign, and return an SCA form of acknowledgement before the pupil participates in any athletic activity. Districts may use this form or design their own form to use. An SCA acknowledgment form must be signed and returned to the school site each school year.

What Is SCA?

SCA occurs suddenly and often without warning. It is triggered by an electrical malfunction in the heart that causes an irregular heartbeat. With the heart's pumping action disrupted, the heart cannot pump blood to the brain, lungs, and other organs. Seconds later, a person loses consciousness and has no pulse. Death occurs within minutes if the victim does not receive treatment.

Who Is at Risk for SCA?

Thousands of sudden cardiac arrests occur among youth, as it is the #2 cause of death of youth under the age of 25 and the #1 cause of death of student athletes during exercise. While a heart condition may have no warning signs, studies show that many young people do have warning signs or symptoms but student athletes neglect to tell an adult. This may be because they are embarrassed, they do not want to jeopardize their playing time, they mistakenly think that they are out of shape and need to train harder, or they simply ignore the symptoms, hoping the signs will go away.

Possible Warning Signs 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

Removal from Activity

A pupil who faints during or following participation in an athletic activity must be removed from play and may not return to play until they are evaluated and cleared by a licensed health care provider.

I have reviewed and understand the symptoms and warning signs of SCA.

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Print Student-Athlete Name

Signature Student-Athlete Name

Date

Print Parent/Guardian Name

Signature Parent/Guardian

Date

The California Department of Education used information from the following sources: American Heart Association, Parent Heart Watch (<https://parentheartwatch.org/>), *Eric Paredes Save a Life Foundation: Keep Their Heart in the Game* (<https://epsavealife.org/>), and Sudden Cardiac Arrest Foundation (<http://www.sca-aware.org/>).

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ABLE CHARTER HIGH SCHOOL
PRE-PARTICIPATION MEDICAL EXAMINATION AND CLEARANCE
THIS DOCUMENT APPLIES TO ALL ACTIVITIES AND SPORTS UNLESS SPECIFICALLY
EXCLUDED AND IS VALID FOR ONE YEAR FROM DATE OF THE EXAMINATION

Student Name: _____ Sport(s): _____

Grade: _____ Height: _____ Weight: _____ Date of

Birth: _____

Sex: _____ Date of Physical: _____ Vision: R 20/____ L 20/____ Corrected: Y or N

Medical Examination	Normal	Abnormal Findings Please describe and explain findings
Appearance:		
Eyes/Ears/Throat:		
Lymph Nodes:		
Heart:		
Pulse:		
Lungs:		
Abdomen:		
Genital (males only):		
Skin:		
Neurological:		
Neck:		
Back:		
Shoulders/Arms:		
Elbow/Forearm:		
Wrists/Hands:		
Hips/Thighs:		
Knees:		
Legs/Ankles:		
Feet:		
Head/Skull		

History

Is there any medical history regarding the student or their family that might impact the student's ability to participate in any activity? Yes or No. If yes, please explain:

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Medical Clearance

☐ Subsequent to a complete and thorough medical examination, the above named student is medically cleared to participate in all activities and sports, except:

Print Name of Physician or Surgeon: _____

Doctor's Office Stamp

Here

Address: _____

License or Certificate Number: _____

Signature: _____ Date: _____ Phone: _____

ONLY A PHYSICIAN OR SURGEON DULY AND CURRENTLY LICENSED IN THE STATE OF CALIFORNIA MAY EXECUTE THIS FORM.

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RONALD W. NOCETTI, EXECUTIVE DIRECTOR
CALIFORNIA INTERSCHOLASTIC FEDERATION
CIF STATE OFFICE • 4658 DUCKHORN DRIVE • SACRAMENTO, CA 95834 • (916) 239-4477 • CIFSTATE.ORG

The forms in the PDF below (**STUDENT PREPARTICIPATION PHYSICAL EXAMINATION WAIVER AND RELEASE OF LIABILITY and STUDENT HEALTH SCREENING**) are both required for a CIF member school to offer a 30-day waiver for the Preparticipation Physical Examination. Member schools may elect to offer this 30-day waiver with the approval of the governing body of their school district or private school. This waiver applies only to the Fall of 2020 as the CIF does not have jurisdiction over school/school district physical examination policies for summer activities.

AN EQUAL OPPORTUNITY ORGANIZATION • MEMBER NATIONAL FEDERATION OF STATE HIGH SCHOOL ASSOCIATIONS

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**STUDENT PREPARTICIPATION PHYSICAL EXAMINATION
WAIVER AND RELEASE OF LIABILITY FORM**

The California Interscholastic Federation and its member Sections ("CIF"), under Bylaw 503.G, require participating member schools to require a student receive an annual physical examination conducted by a medical practitioner certifying that the student is physically fit to participate in athletics ("Preparticipation Physical Examination").

In recognition that families may experience delays in obtaining appointments for their student for a Preparticipation Physical Examination due to the COVID-19 pandemic, CIF is permitting governing boards of school districts and private schools to elect, within their discretion, to provide a one-time, thirty (30) day extension of time from the first day of practice in that fall sport to complete the requirements of Bylaw 503.G as to CIF sanctioned Fall 2020 sports.

The _____ School District has elected to provide their students the 30-day extension of time to obtain a Preparticipation Physical Examination conditioned on completion of the following requirements:

- A. Completion and submission of this Student Preparticipation Physical Examination Waiver and Release of Liability Form;
- B. Completion of the required separate Student Health Screening Form;
- C. Returning and Transfer Students must provide, or ensure that the member school already has, the student's Preparticipation Physical Examination from the 2019-2020 school year on file;
- D. Incoming 9th Grade Students must provide the member school with a Preparticipation Physical Examination or Well Child Check from the 2019-2020 school year.

Once approved by the school, students have 30 days from the first day of practice in that fall sport to submit a current 2020-2021 Preparticipation Physical Examination form in order to continue participating in interscholastic athletics.

If you are over the age of 18, initial and sign below. If you are NOT over the age of 18, your Parent or Legal Guardian must initial and sign this form.

IN RETURN FOR PERMITTING THE 30-DAY EXTENSION OF TIME TO OBTAIN A PREPARTICIPATION PHYSICAL EXAMINATION, BY SIGNING BELOW, I UNDERSTAND, ACKNOWLEDGE AND AGREE TO THE FOLLOWING TERMS AND CONDITIONS:

1. I acknowledge that student has the current physical ability to safely participate in activities relating to the sport(s) of _____ Initials: _____



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2. I consent to student participating in activities relating to the sport(s) of _____ Initials: _____
without first having the required Preparticipation Physical Examination.
3. I understand that participation in sports related activities involves serious risks including, but not limited to, risk of great bodily or mental injury or death. **I further understand that participating in sports related activities without first obtaining a Preparticipation Physical Examination may increase this risk and I assume all foreseeable risks associated with participating in sports related activity.** Initials: _____
4. **I release, agree to hold harmless and agree not to bring any action, proceeding, claim, cause of action or to sue** _____ Initials: _____
School, _____ School District
and the CIF, including, but not limited to, their respective governing boards, sections, officers, employees, and agents, for any bodily or mental injury or harm, death, property or any type of damage, whether or not caused by the negligence or other fault of the _____
School, _____ School District
and CIF, arising out of student's participation in sports related activities.

I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE OF LIABILITY FORM AND REALIZE IT RELATES TO RELINQUISHING AND RELEASING VALUABLE LEGAL RIGHTS WHICH I DO FREELY AND VOLUNTARILY.

If you are NOT over the age of 18, your Parent or Legal Guardian must sign here. I am (circle one) **the Parent / the Legal Guardian** of:

(Print Student's Name Here)
Signature: _____ **Date:** ____/____/2020
Print Name: _____
Address: _____

Phone Number: (____)____-____ **Email Address:** _____

If you are over the age of 18, sign here. **Signature:** _____ **Date:** ____/____/2020
Print Name: _____
Address: _____
Phone Number: (____)____-____ **Email Address:** _____