



ABLE Charter Athletics Packet 2023-2024

"Be A LEGACY!"

Athletic Director

Kerri Scroope

Office: (209) 478-1600

Email: kerri.scroope@ablecharter.com

FALL SPORTS	WINTER SPORTS	SPRING SPORTS
Co-Ed Cross Country	Boys Basketball	Co-Ed Golf
Girls Volleyball	Girls Soccer	Boys Baseball
	Boys Soccer	Track & Field
	Girls Basketball	Boys Volleyball
		Softball

Clem Lee
Superintendent



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 (Other than Parent):		Emergency Phone:	

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

Admin Check List	Student/Parent Check List	Form
		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
		Physical/Clearance Form

Please complete and return all forms to Athletic Director Ms. Scroope in the main office. Remember: You cannot start to practice or participate in athletics in anyway until all the required forms are completed. Physicals should be dated after June 30, 2023.

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Superintendent**



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:	Address:
Home Phone:	
Work Phone:	
Cell Phone:	
Name:	Work Phone:
Relationship:	Medical #:
Home Phone:	
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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Superintendent**



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 _____
PARENT/GUARDIAN SIGNATURE

DATE _____

Clem Lee
Superintendent



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 Ms. Scroope. 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 2022-2023 school year.

X _____ DATE _____
PARENT/GUARDIAN SIGNATURE

X _____ DATE _____
PARENT/GUARDIAN SIGNATURE

X _____ DATE _____
STUDENT SIGNATURE

Clem Lee
Superintendent



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.

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.*

ASSUMING RISKS, WAIVER OF LIABILITY, AND INDEMNIFICATION: 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

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Superintendent**



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. I also agree, 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 _____ DATE _____
PARENT/GUARDIAN SIGNATURE

ASSUMING RISKS, WAIVER OF LAWSUIT AND INDEMNIFICATION:

As a condition of my daughter/son participating in this activity, I completely understand the risks and hazards inherent in this activity and voluntarily assume all risks in connection with or resulting from the activity including any risks of injury, loss, damage, or death to my daughter/son/ward.

I also hereby waive any and all claims against ABLE Charter for any injury, accident, illness, or death occurring during or by reason of the participating in this activity. I shall undertake and 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 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 _____
PARENT/GUARDIAN SIGNATURE

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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

Clem Lee
Superintendent



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: _____

Clem Lee
Superintendent

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.

Print Student-Athlete Name	Signature Student-Athlete Name	Date
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Print Parent/Guardian Name	Signature Parent/Guardian	Date
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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/>).

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:

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.

Walk-In Physical Location:

Spinal Care Center

8829 Davis Road Stockton, CA (Suite 1)

Dr. Tekerlek

Cost: \$20 cash



CIF Concussion Information Sheet Why am I getting this information sheet?

You are receiving this information sheet about concussions because of California state law AB 25 (effective January 1, 2012), now Education Code § 49475:

1. *The law requires a student-athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.*
2. *Any student-athlete removed for this reason must receive a written note from a physician trained in the management of concussion before returning to practice.*
3. *Before a student-athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the student-athlete and the parent or guardian.*

Every 2 years all coaches are required to receive training about concussions (AB 1451), as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

What is a concussion and how would I recognize one?

A concussion is a kind of brain injury. It can be caused by a bump or hit to the head, or by a blow to another part of the body with the force that shakes the head. Concussions can appear in any sport, and can look differently in each person.

Most concussions get better with rest and over 90% of athletes fully recover. However, all concussions should be considered serious. If not recognized and managed the right way, they may result in problems including brain damage and even death.

Most concussions occur without being knocked out. Signs and symptoms of concussion (see back of this page) may show up right after the injury or can take hours to appear. If your child reports any symptoms of concussion or if you notice some symptoms and signs, seek medical evaluation from your team's athletic trainer and a physician trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, or is having difficulty staying awake or answering simple questions, call 911 for immediate transport to the emergency department of your local hospital.

On the CIF website is a **Graded Concussion Symptom Checklist**. If your child fills this out after having had a concussion, it helps the physician, athletic trainer or coach understand how they are feeling and hopefully will show improvement over time. You may have your child fill out the checklist at the start of the season even before a concussion has occurred so that we can understand if some symptoms such as headache might be a part of their everyday life. We call this a "baseline" so that we know what symptoms are normal and common for your child. Keep a copy for your records and turn in the original. If a concussion occurs, your child can fill out this checklist again. This Graded Symptom Checklist provides a list of symptoms to compare over time to follow your child's recovery from the concussion.

What can happen if my child keeps playing with concussion symptoms or returns too soon after getting a concussion?

Athletes with the signs and symptoms of concussion should be removed from play immediately. There is NO same day return to play for a youth with a suspected concussion. Youth athletes may take more time to recover from concussion and are more prone to long-term serious problems from a concussion.

Even though a traditional brain scan (e.g., MRI or CT) may be "normal", the brain has still been injured. Animal and human research studies show that a second blow before the brain has recovered can result in serious damage to the brain. If your athlete suffers another concussion before completely recovering from the first one, this can lead to prolonged recovery (weeks to months), or even to severe brain swelling (Second Impact Syndrome) with devastating consequences.

There is an increasing concern that head impact exposure and recurrent concussions may contribute to long-term neurological problems. One goal of concussion education is to prevent a too early return to play so that serious brain damage can be prevented.



CIF Concussion Information Sheet



Signs observed by teammates, parents and coaches include:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Looks dizzy • Looks spaced out • Confused about plays • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily or awkwardly • Answers questions slowly | <ul style="list-style-type: none"> • Slurred speech • Shows a change in personality or way of acting • Can't recall events before or after the injury • Seizures or "has a fit" • Any change in typical behavior or personality • Passes out |
|--|--|

Symptoms may include one or more of the following:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Headaches • "Pressure in head" • Nausea or throws up • Neck pain • Has trouble standing or walking • Blurred, double, or fuzzy vision • Bothered by light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns | <ul style="list-style-type: none"> • Loss of memory • "Don't feel right" • Tired or low energy • Sadness • Nervousness or feeling on edge • Irritability • More emotional • Confused • Concentration or memory problems • Repeating the same question/comment |
|--|---|

What is Return to Learn?

Following a concussion, students may have difficulties with short- and long-term memory, concentration, and organization. They will require rest while recovering from injury (e.g., avoid or limit reading, texting, video games, loud movies), or may even need to limit school attendance for a few days. As they return to school, the schedule might need to start with a few classes or a half-day. If recovery from a concussion is taking longer than expected, they may also benefit from a reduced class schedule and/or limited homework; a formal school assessment may also be necessary. Your school or physician can help suggest and make these changes. Students should complete the Return to Learn guidelines and return to complete school before beginning Return to Play unless your physician makes other recommendations. Go to the CIF website (cifstate.org) for more information on Return to Learn.

How is Return to Play (RTP) determined?

Concussion symptoms should be completely gone before **returning to competition**. A RTP progression is a gradual, stepwise increase in physical effort, sports-specific activities, and then finally unrestricted activities. If symptoms occur with activity, the progression should be stopped. If there are no symptoms the next day, exercise can be restarted at the previous stage.

RTP after concussion should occur only with medical clearance from a physician trained in the evaluation and management of concussions, and a stepwise progression program monitored by an athletic trainer, coach, or other identified school administrator. Please see cifstate.org for a graduated return to play plan. *[AB 2127, a California state law effective 1/1/15, states that return to play (i.e., full competition) must be **no sooner** than 7 days after the concussion diagnosis has been made by a physician.]*

Final Thoughts for Parents and Guardians:

It is well known that students will often not talk about signs of concussions, which is why this information sheet is so important to review with them. Teach your child to tell the coaching staff if they experience such symptoms, or if they suspect that a teammate has had a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms that you may be seeing in your child.

References:

- American Medical Society for Sports Medicine position statement: concussion in sport (2013)
- Consensus statement on concussion in sport: the 5th International Conference on Concussion in Sport held in Berlin, October 2016 • <http://www.cdc.gov/concussion/HeadsUp/youth.html>



CIF Concussion Information Sheet

School: _____

You are receiving this information sheet about concussions because of California state law AB 25 (effective January 1, 2012), now Education Code § 49475:

1. *The law requires a student-athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.*
2. *Any student-athlete removed for this reason must receive a written note from a medical doctor trained in the management of concussion before returning to practice.*
3. *Before a student-athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the student-athlete and the parent or guardian.*

Every 2 years all coaches are required to receive training about concussions (AB 1451), as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

For current and up-to-date information on concussions you can visit:

<http://www.cdc.gov/concussion/HeadsUp/youth.html>

I acknowledge that I have received and read the CIF Concussion Information Sheet

Student-Athlete Name Printed

Parent or Legal Guardian Name Printed

Student-Athlete Signature/Date

Parent or Legal Guardian Signature/Date