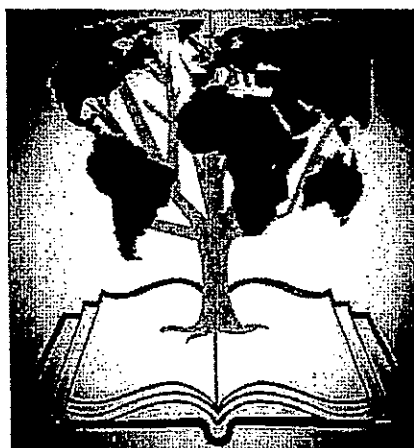


# Options for Youth Opportunities for Learning



## 2017 - 2018 ATHLETIC PROGRAM

STUDENT ATHLETE/PARENT HANDBOOK  
CLEARANCE/PARTICIPATION AGREEMENT

Print Student's Name: \_\_\_\_\_

Student's Phone Number: \_\_\_\_\_

Print Parent's / Guardian's Name: \_\_\_\_\_

Parent's / Guardian's Phone Number: \_\_\_\_\_

PARENT / GUARDIAN INITIAL: \_\_\_\_\_

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## OVERVIEW

This handbook has been provided to you because your student has indicated a desire to participate in the athletic program provided by Options for Youth Public Charter Schools or Opportunities for Learning Public Charter Schools. We are very pleased that your student has an interest in our athletic program. We hope that their experiences will be positive as well as educational. **Participation in athletics is a privilege** as athletics can give the student the opportunity to learn leadership skills, enhance their academic performance level, improve positive character traits, and increase their overall level of confidence. We believe a comprehensive athletic program enhances the educational development of our students.

Once students have been selected to represent OFY / OFL, there are often many questions which both you and your son or daughter may have regarding the athletic program. In order to assist in making the athletic experience a more positive one, this handbook will answer a variety of questions about athletics at OFY/OFL. We hope that this handbook will be of assistance and we encourage you to use it as a reference throughout the year. If you have additional questions, feel free to contact your local coach or member of the local school administrative team.

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PARENT / GUARDIAN INITIAL: \_\_\_\_\_

## FIVE CORE VALUES

The OFY/OFL Athletic Program is based on the notion that students can learn life lessons during their sports experiences. Students that participate in athletics are expected to be role models for all students and to be the best representative of OFY/OFL. We believe in the Five Core Values that support OFY/OFL and expect our athletes to be an example of this in all aspects of competition.

### Trust:

- Honesty – live and compete honorably, don't lie, cheat, steal or engage in any other dishonest or unsportsmanlike conduct.
- Reliability – fulfill commitments; do what I say I will do; be on time to practices and games.
- Loyalty – be loyal to my school and team; put the team above my personal glory.

### Respect:

- Treat all people with respect all the time and require the same of other student athletes.  
Class – live and play with class, be a good sport, be gracious in victory and accept defeat with dignity; give fallen opponents help, compliment extraordinary performance, show sincere respect in pre-and post-game rituals.
- Disrespectful Conduct – don't engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual or racial nature, trash talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.
- Respect Officials – treat contest officials with respect, don't complain about or argue with official calls or decisions during or after an athletic event.

### Compassion:

- Concern for others – demonstrate concern for others; never intentionally injure any player or engage in reckless behavior that might cause injury to myself or others.
- Teammates – help promote the wellbeing of teammates by positive counseling and encouragement or by reporting any unhealthy or dangerous conduct to coaches.

### Integrity:

- Play by the rules – maintain a thorough knowledge of and abide by all applicable game and competition rules.
- Spirit of rules – honor the spirit and the letter of rules; avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship.

### Resiliency:

- Have strength and fortitude to confront obstacles and bounce back from failures.
- Some characteristics of a resilient student are as follows: social, optimistic, energetic, cooperative, inquisitive, attentive, helpful, punctual and on task.



PARENT / GUARDIAN INITIAL: \_\_\_\_\_

## ROLE OF THE STUDENT ATHLETE

We encourage all students to take part in extra-curricular activities while attending OFY/OFL. Any activity should not be a distraction from the students' responsibility to their academics. The following expectations are set forth for any student wishing to participate in the athletic program

### Attendance:

Students must meet all attendance requirements set forth by their teacher(s). If students do not meet these requirements they will not be allowed to participate in games. Progress reports will be issued weekly to make sure students are adhering to these rules.

### Absences:

When parents and student-athletes choose to take their family vacations during a sport season, it must be understood that the time missed by the student-athlete can affect team chemistry and personal conditioning. Student-athletes that miss practices or competition for any reason may have their playing time or position adjusted. Coaches shall make every effort to inform parents and student-athletes of the season's schedule as far in advance as possible.

### Eligibility Agreements:

Students must fulfill the following requirements to participate in our sports program:

1. Student must turn in 6 units per school month and stay on that pace on a weekly basis.
2. Student must attend all required appointments with only doctor's notes as an excused absence.
3. If students are enrolled in an SGI class, they must stay current and attend all classes as put forth by said SGI teacher.

### Participation

We will attempt to get as many students involved in sports as possible. However, during game days, students that have shown the most commitment to practice, maintained good standing and exhibited the best ability will play in the games. Coaches will encourage all students to participate; however, there is only a limited amount of playing time during games. Students may receive P.E. credit regardless of playing time.

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PARENT / GUARDIAN INITIAL: \_\_\_\_\_

While on the Field

Each athlete must:

1. Understand that all academic responsibilities come first.
2. Communicate any issues with the head coach (not assistants or teammates).
3. Understand that the team's goals, welfare and success must come before those of each athlete.
4. Consistently attend practice sessions.
5. Play hard and hustle at all times.
6. Report all injuries to the coach immediately.
7. Not use alcohol, drugs and tobacco. OFY/OFL has a zero tolerance policy.
8. Care for equipment and return all equipment at the conclusion of each season.
9. Maintain a positive attitude at all times and respect everyone involved (teammates, coaches, opponents, referees, spectators, facilities, etc.).
10. Follow team rules.

Each athlete should know, understand and refrain from participating at all time in the following:

- Sexual Harassment is a form of gender discriminating that consists of unwelcome verbal, electronic or physical interactions between two or more people. Harassment can happen between people of the same gender or people of different genders.
- Bullying/Hazing is any action or activity which inflicts physical or mental harm or anxiety or which demeans, degrades or disgraces a person.

Intimidation (Trash-Talking) / Fights

OFY/OFL has a zero tolerance policy related to intimidation and fights. If a student- athlete engages in any such behavior on or off the field of play the student will be removed from the team and suspended/expelled from the academic program.

If a team engages in any such behavior the team will be suspended from further participation in the athletic program and will forfeit all games. Individual participants will be subject to individual disciplinary actions.

*I have read the above rules and expectations and agree to abide by them as a member of the school's athletic program.*

\* STUDENT SIGNATURE: \_\_\_\_\_

\* PARENT / GUARDIAN INITIAL: \_\_\_\_\_

## ROLE OF PARENTS/GUARDIANS IN OUR ATHLETIC PROGRAM

We encourage all parents to take an active role in their child's education and educational experiences. We welcome and invite parents to support their student and their school in our athletic program. We remind all parents that the purpose of this program is to offer students an opportunity to participate in sports, learn about teamwork, and grow as individuals and as a team. The athletic program is not designed to humiliate or belittle anyone. As a parent you can help our program by following these guidelines:

- Support your child and attend as many games as possible.
- Avoid putting pressure on your son/daughter to start, score, or be the star of the team.
- Support the coach in public around other parents and fans.
- Avoid speaking negatively about the coach in front of your child. It may create a major barrier in the child's hope for improvement in the sport.
- Understand the ultimate purpose of athletics. It exists as an integral part of the total educational mission of the school, and participation in athletics is a privilege and not a right.
- Serve as good role models for the students, athletes, and other fans.
- Appreciate the educational opportunity that your child is receiving in our athletic program. This includes the enormous time and effort provided by the coach.
- Attend the pre-season parents' meeting.
- Show respect to everyone involved in high school athletics—the coach, athletes, fans, officials, and administrators.

Parents are reminded that while attending any event they are to remain in the designated viewing area. Parents are not allowed on the field of play or on the coach's bench. Parents who interfere with the course of the game will be asked to leave the venue for that game and future events.

Express concerns and questions in a courteous and civil manner and do it at the right time and in the proper setting. If you have any concerns or questions please address those with the head coach of the team or the local administrative team.

Be a support to your student. Let coaches coach and referees referee the game.

*I have read the above rules and expectations and agree to abide by them.*



PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_



PARENT / GUARDIAN INITIAL: \_\_\_\_\_

## **Options For Youth & Opportunities For Learning Concussion Management Policy**

Options For Youth (OFY) & Opportunities For Learning (OFL) recognize that concussions and head injuries are commonly reported injuries in children and adolescents who participate in sports and recreational activity and can have serious consequences if not managed carefully. Therefore, our school sites adopt the following policy to support the proper evaluation and management of head injuries.

Concussion is a mild traumatic brain injury. Concussion occurs when normal brain functioning is disrupted by a blow or jolt to the head. Recovery from concussion will vary for each individual. Concussion symptoms include:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

Generally, avoiding re-injury and over-exertion until fully recovered are the cornerstones of proper concussion management.

While District staff will exercise reasonable care to protect students, head injuries may still occur. Physical education teachers, coaches, nurses and other appropriate staff will receive training to recognize the signs, symptoms and behaviors consistent with a concussion. Additionally, student athletes and their parents will be provided a Concussion Information Sheet on an annual basis.

Any student exhibiting the above signs, symptoms or behaviors while participating in a school sponsored class, extracurricular activity, or athletic

program shall be removed from the game or activity. A **coach or Sports Advisor** will notify the student's parents or guardians and recommend appropriate monitoring to parents or guardians.

If a student is removed while participating in a athletic program, the student shall not return to such athletic program until he or she is evaluated by a licensed medical physician trained in the evaluation and management of concussions to determine the presence or absence of a sports related concussion or head injury. The licensed medical physician must provide a written medical release/clearance indicating when the student is able to return to the activity or specify a graduated return to competition and practice protocol.

An OFY or OFL Physician (if applicable) will make the final decision on return to activity including physical education class and after-school sports. Any student who continues to have signs or symptoms upon return to activity will be removed from play until a re-evaluation is conducted by a licensed medical physician and clearance is provided.

If a student sustains a concussion at a time other than when engaged in a school-sponsored activity, OFY & OFL expect the parent/legal guardian to report the condition to the **Head Coach, Sports Advisor or School Nurse** so that OFY & OFL can support the appropriate management of the condition.

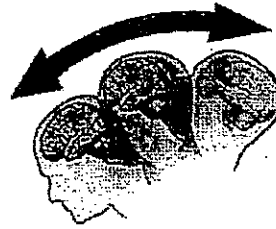
The Superintendent or designee, in consultation with appropriate OFY & OFL staff, including the Physician will develop protocols to guide the return to activity.

#### References:

Resources on Interscholastic Sports Related Concussions and Head Injuries Internet Resources Centers for Disease Control and Prevention – Concussion Toolkit [http://www.cdc.gov/concussion/HeadsUp/physicians\\_tool\\_kit.html](http://www.cdc.gov/concussion/HeadsUp/physicians_tool_kit.html)  
<http://www.cdc.gov/concussion/headsup/pdf/ACE-a.pdf>  
[http://www.cdc.gov/concussion/headsup/pdf/ACE\\_care\\_plan\\_school\\_version\\_a.pdf](http://www.cdc.gov/concussion/headsup/pdf/ACE_care_plan_school_version_a.pdf)  
[http://www.cdc.gov/concussion/headsup/pdf/Concussion\\_in\\_Sports\\_palm\\_card-a.pdf](http://www.cdc.gov/concussion/headsup/pdf/Concussion_in_Sports_palm_card-a.pdf)



Options For Youth  
Public Charter Schools  
empowering lives of learning leaders



## CONCUSSION FACT SHEET ACKNOWLEDGEMENT

### What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious. Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

### What are the signs and symptoms of a concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in activity, behaviors, if symptoms are getting worse, or if s/he just "doesn't feel right." Most concussions occur without loss of consciousness.

Please review the attached **Options For Youth & Opportunities For Learning Concussion Management Policy**. For more information about concussions including the signs and symptoms. If you notice the symptoms, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

Children and teens with a concussion should NEVER return to sports or recreation activities on the same day the injury occurred. They should delay returning to their activities until a healthcare professional experienced in evaluating for concussion says they are symptom-free and it's OK to return to play. This means, until permitted, not returning to physical education (PE) class, sports practices or games, or physical activity at recess.

I understand that all concussions and concussion symptoms must be reported to the coach, teacher or athletic trainer right away. I have read and understand the above and have reviewed the concussion information sheet provided to me.



\*

\_\_\_\_\_  
Signature Parent/Guardian

\_\_\_\_\_  
Date

\*

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Signature

# 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.

#### 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.

**FAINTING**  
is the  
#1 SYMPTOM  
OF A HEART CONDITION

### 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>



## Sudden Cardiac Arrest Information Sheet Acknowledgment

You are receiving this information sheet about concussions because of California state law AB 1639 (effective July 1, 2017), known as the Eric Paredes Sudden Cardiac Arrest Prevention Act.

1. Each school year, before a pupil participates in an athletic activity governed by the California Interscholastic Federation, the school shall collect and retain a copy of the sudden cardiac arrest information sheet required by the California Interscholastic Federation for that pupil. Before a pupil participates in an athletic activity not governed by the California Interscholastic Federation, the pupil and the pupil's parent or guardian shall sign and return to the pupil's school an acknowledgment of receipt and review of the information sheet posted on the department's Internet Web site pursuant to subdivision (a) of Section 33479.2.
2. A pupil who exhibits any of the other symptoms of sudden cardiac arrest, as described in subdivision (a) of Section 33479.2, during an athletic activity, may be removed from participation by an athletic trainer or authorized person if the athletic trainer or authorized person reasonably believes that the symptoms are cardiac related. In the absence of an athletic trainer or authorized person, any coach who observes any of the symptoms of sudden cardiac arrest shall notify the parent or guardian of the pupil so that the parent or guardian can determine what treatment, if any, the pupil should seek.
3. A pupil who is removed from play under this section shall not be permitted to return to participate in an athletic activity until the pupil is evaluated and cleared to return to participate in writing by a physician and surgeon, or a nurse practitioner or physician assistant practicing in accordance with standardized procedures or protocols developed by the supervising physician and surgeon and the nurse practitioner or physician assistant, as applicable.
4. A coach of an athletic activity shall not be eligible to coach an athletic activity until the coach completes the training course required under subdivision (a). On and after July 1, 2019, a coach who violates Section 33479.5 shall be subject to suspension from coaching any athletic activity until completion of the required training.

For current and up-to-date information on concussions you can visit: <http://cifstate.org/sports-medicine/sca/index> or <https://epsavealife.org/>

I acknowledge that I have received and read the CIF Sudden Cardiac Arrest Information sheet

\*

\_\_\_\_\_  
Student-Athlete Name  
Printed

\*

\_\_\_\_\_  
Student-Athlete  
Signature

\_\_\_\_\_  
Date

\*

\_\_\_\_\_  
Parent or Legal Guardian Name  
Printed

\*

\_\_\_\_\_  
Parent or Legal Guardian  
Signature

\_\_\_\_\_  
Date

# PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

## PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5-14).

EXAMINATION		
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP	Pulse	Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> H
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) <sup>†</sup>		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic <sup>‡</sup>		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

\*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.  
<sup>†</sup>Consider GU exam if in genital swelling. Having third party present is recommended.  
<sup>‡</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_
- Not cleared
- Pending further evaluation
  - For any sports
  - For certain sports \_\_\_\_\_
- Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Signature of physician \_\_\_\_\_ MD or DO \_\_\_\_\_





# Opportunities For Learning Public Charter Schools

## PARENT CONSENT FOR FIELD TRIPS AND TRANSPORTATION

\_\_\_\_\_ has my permission to attend the  
 (Name of student) \_\_\_\_\_ OPPORTUNITIES FOR LEARNING  
 Charter Schools Event, Soccer Season practice, games 9/26/17 - 1/12/17 These  
 activities may include, but are not limited to, seminars, field trips and  
 transportation to and from the OPPORTUNITIES FOR LEARNING Center. The  
 method of transportation could be walking, bus, private automobiles and/or  
 \_\_\_\_\_. Please Note: California State Education Code Section 35330  
 states, "All persons making the field trips are deemed to have waived all claims  
 against the District and its employees and the State of California for injury,  
 accident, illness, or death occurring during or by the reason of the field trip or  
 excursion." *If the trip is outside of the State of California, all adults participating  
 in the field trip and all parents or guardians of pupils taking the out of state field  
 trip are required to sign this statement waiving such claims.* In addition, parents  
 agree to waive all claims against the District, including OPPORTUNITIES FOR  
 LEARNING Charter Schools, its employees and the State of California with  
 regard to all field trips and/or transportation.

I agree to direct my child to cooperate with and conform with directions and  
 instructions of OPPORTUNITIES FOR LEARNING Charter Schools personnel in  
 charge of the activity.

\_\_\_\_\_  
 Parent/Guardian Signature (Student signature if 18 or over)

\_\_\_\_\_  
 Date

