



Welcome to UCA Athletics!

We are very excited to have you participate in our athletic programs at UCA! There are a few things that you should know in regard to joining an athletic team.

- 1) Sports Fees (per season):
 - a. High School - \$200 per season
 - i. Discount given for playing multiple sports per school year
 - b. Junior High - \$150 per season
 - i. Discount given for playing multiple sports per school year
- 2) Athletic Clearance for athletes in high school and junior high:
 - a. Create account at www.athleticclearance.com (see page 5)
 - b. Upload current physical form (see page 7) & insurance cards
- 3) Transfer Students MUST complete transfer paperwork
 - a. Complete CIF form (see page 6) and turn into Nathan Kok
- 4) Contact the coach and let them know you want to join the team! (see pages 2 & 3)
 - a. High School Fall sports start in the summer
 - i. Contact the coach or visit the athletic website at <https://www.ucacademy.org/athletics/athletic-calendar/> to check the practice schedule.
 - b. Junior High Fall sports start at the beginning of the school year

If you have any questions or concerns please contact the coach or the Athletic Director, Nathan Kok, at nkok@UCAcademy.org.

Thank you,

Nathan Kok
Athletic Director
United Christian Academy



High School Coach Contact Information

High School Fall Sports (Summer start)	Varsity Football	Coach Xavier Forte 909-727-1016 Xavierforteg@yahoo.com
	Varsity Cross Country	To Be Determined
	Varsity Volleyball	Coach Micah Langston m-langston@UCAcademy.org
	JV Volleyball	Coach Christine Barnes cbarnes@UCAcademy.org
High School Fall & Winter Sports (Summer start)	Varsity Cheer	Cheer Advisor Bethanie Lafond blafond@UCAcademy.org Coach Cass / Coach Forte
High School Winter Sports (Nov start)	Varsity COED Soccer	Coach Tony Huerta Jose.hurte@hiu.edu
	Varsity Boys Basketball	Coach Adrian Alvarez ucabball@gmail.com
	Varsity Girls Basketball	To Be Determined
High School Spring Sports (Feb/Mar start)	Varsity Boys & Girls Track & Field	Coach Cristian Perez cperez@UCAcademy.org
	Varsity Baseball	Coach Anthony Echeveste War.coach23@gmail.com
	Varsity Softball	Coach Bill Seybert Bill_imaginechurchsb@verizon.net



Junior High Coach Contact Information

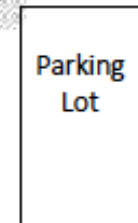
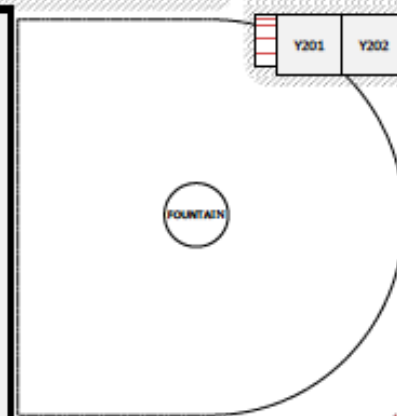
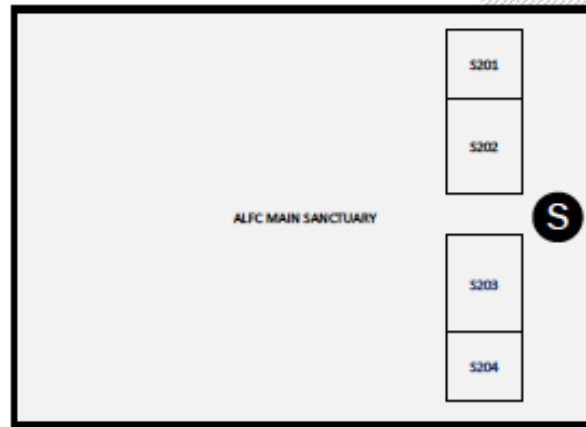
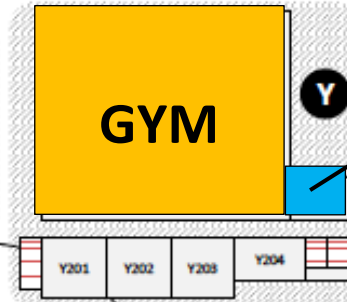
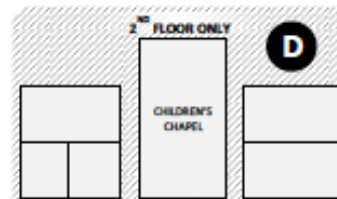
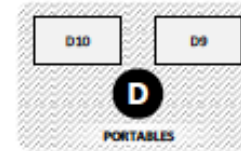
Junior High Fall Sports	JH Flag Football	Coach Mike Luque kwave1079fm@charter.net
	JH Volleyball	To Be Determined
	JH Cross Country	Coach Richard Reyes richreyes929@gmail.com
Junior High Winter Sports	JH Baseball	Coach Toby Ronderos draftday4u@gmail.com
	JH Softball	Coach Bill Seybert dsalazar@ucacademy.org
Junior High Fall & Winter Sports	JH Cheer	Cheer Advisor Bethanie Lafond blafond@UCAcademy.org Coach Pastrana / Coach Peterson
Junior High Spring Sports	JH Boys Basketball	Coach Jimmy Mettias kingtutj24@gmail.com
	JH Girls Basketball	Coach Michael Edwards Edwards.mike1979@gmail.com
	JH COED Soccer	Coach Tony Huerta miguellua69@icloud.com



United Christian Academy

High School Classroom Map

Noted changes:
Choir and AMP in E107



Red Oak St.

Entrance

Parking Lot

Civic Center Dr.

Entrance

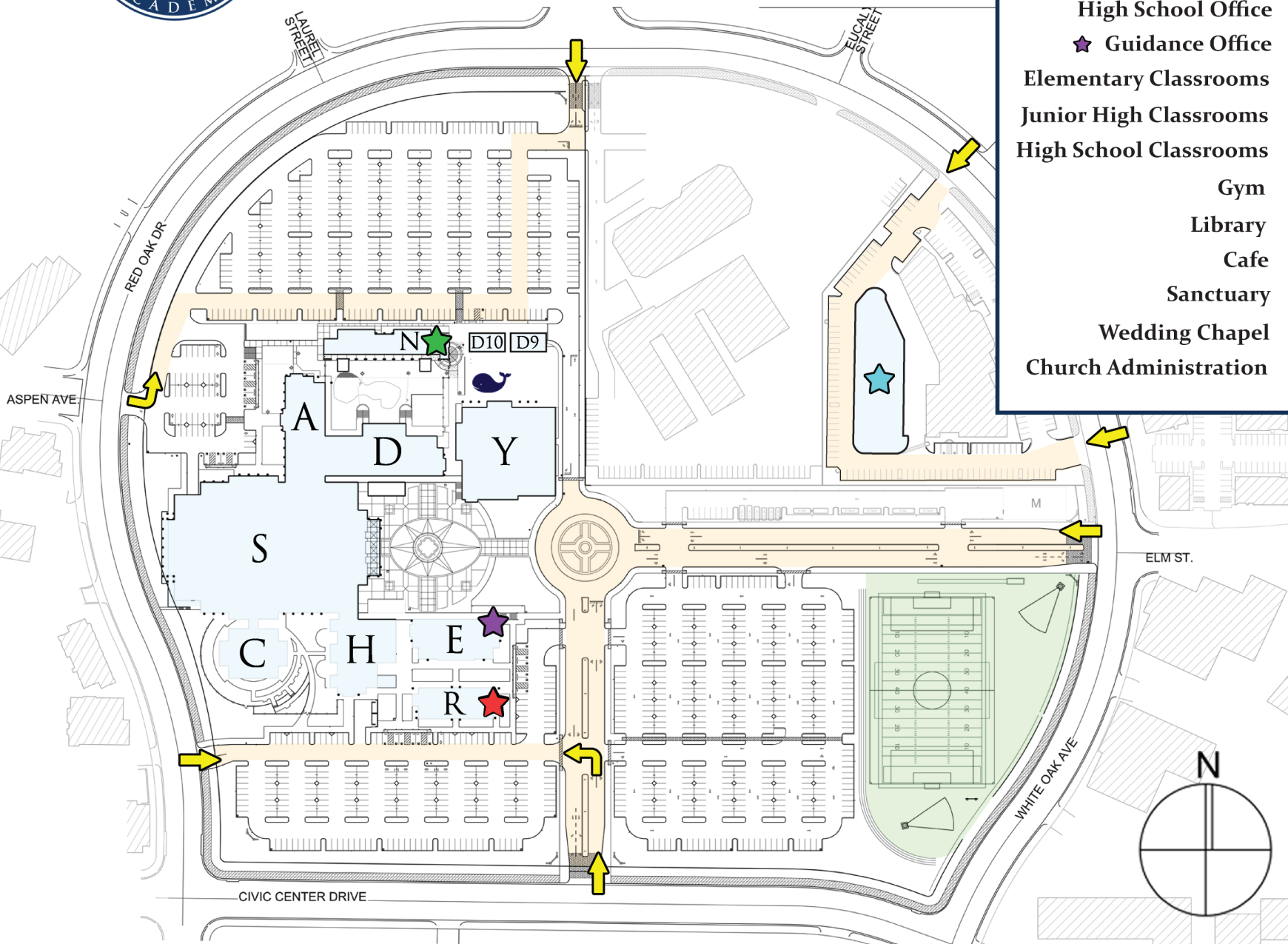


FOOTBALL FIELD



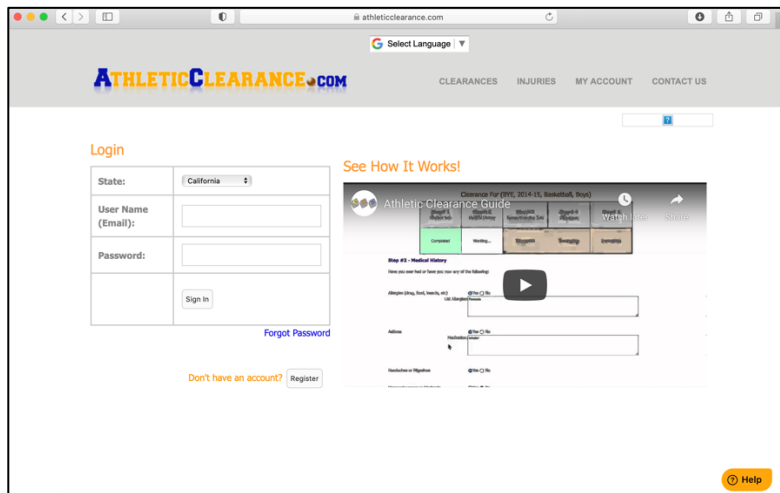
CAMPUS MAP KEY

- ★ District Office 8282 White Oak #109
- ★ Elementary Office N Building
- ★ Junior High and High School Office R Building
- ★ Guidance Office E Building- 1st floor
- Elementary Classrooms D & N Buildings
- Junior High Classrooms E Building- 2nd floor
- High School Classrooms E, Y & S Buildings
- Gym Y Building
- Library R Building
- Cafe H Building
- Sanctuary S Building
- Wedding Chapel C Building
- Church Administration A Building





Go to <https://athleticclearance.com/login.php> and register for an account.



Enter all information.

Upload/email (nkok@ucacademy.org)/hand to Nathan Kok in the high school office:

- Completed Physical Clearance Form
- Proof of Insurance

Students and parents need to sign documents (Athletic Handbook, Code of Ethics, etc.).

Once everything is completed your student will be cleared for the upcoming sports seasons.

Thank you,

Nathan Kok
Athletic Director
United Christian Academy



ALL TRANSFERS MUST BE COMPLETED ONLINE. NO PAPER COPIES WILL BE ACCEPTED! SCHOOLS WILL UPLOAD THIS SIGNED DOCUMENT TO THE CASE FILE IN CIF-SS HOME.

1) Student Name _____ M F _____
Date of Birth _____ Grade _____ Area Code/Home Phone _____

Name of Parent(s)/Guardian(s)/Caregiver(s) _____

2) Current Address _____
House Number and Street Name _____ City/State/Zip _____

_____ PUBLIC SCHOOL DISTRICT YOUR CURRENT ADDRESS IS IN _____ SPECIFIC PUBLIC H.S. YOUR CURRENT ADDRESS BELONGS TO _____

Date entire family unit occupied current address: _____

NOTE: ONLY FILL OUT ITEM 3 IF YOUR ENTIRE FAMILY UNIT HAS MOVED OUT OF YOUR CURRENT SCHOOL ATTENDANCE AREA INTO A COMPLETELY DIFFERENT ATTENDANCE AREA. IF YOU HAVEN'T MOVED, SKIP TO ITEM 4.

3) Former Address _____
House Number and Street Name _____ City/State/Zip _____

_____ PUBLIC SCHOOL DISTRICT YOUR FORMER ADDRESS WAS IN _____ SPECIFIC PUBLIC H.S. YOUR FORMER ADDRESS BELONGED TO _____

Date entire family unit vacated previous address: _____

NOTE: INCLUDE ALL HIGH SCHOOLS STUDENT HAS ATTENDED SINCE STARTING THE 9TH GRADE. IF THIS IS YOUR FIRST TRANSFER SINCE STARTING 9TH GRADE, YOU WILL ONLY NEED TO FILL OUT THE 1ST LINE OF ITEM 4.

4) Transfer From: _____ Enrolled from: _____ to _____
Name of Former High School _____ Date MM/DD/YY _____ Date MM/DD/YY _____

Transfer From: _____ Enrolled from: _____ to _____
Name of Former High School _____ Date MM/DD/YY _____ Date MM/DD/YY _____

Transfer From: _____ Enrolled from: _____ to _____
Name of Former High School _____ Date MM/DD/YY _____ Date MM/DD/YY _____

5) Within the last calendar year, what sport/s did the student play (during the official high school season) at your former school/s? List sports played at EVERY level (novice, frosh-soph, JV, and/or varsity).

FALL SEASON: _____

WINTER SEASON: _____

SPRING SEASON: _____

NOTE: BELOW YOU WILL SIGN ITEM 6 OR ITEM 7. DO NOT SIGN BOTH SECTIONS. READ CAREFULLY.

CERTIFICATION OF APPLICATION: I authorize any former school/s and the current school to release all records/requests made by the CIF and to discuss enrollment and/or extra curricular participation with the CIF. I authorize the CIF to use that information in making its determination. I am authorized to execute this request. I affirm that all of the above statements are true to the best of my knowledge. I further affirm that I understand that if subsequent to the approval of this athletic eligibility application, it is discovered that this approval was granted on false, erroneous, inaccurate or incomplete information, severe penalties affecting the future eligibility of this student-athlete may result.

By signing this affidavit, I certify that no person/s connected with the athletic department of the new school (School "B") or is part of the booster club of School "B", including anyone acting on their behalf, has had communication, directly or indirectly, through intermediaries or otherwise with this transfer student, student's parents, legal guardian or caregiver, or anyone acting on behalf of this student, prior to the completion of the enrollment process at School "B". I also certify that the student has not participated during the previous 24 months on any non-school athletic team* (i.e., AAU, American Legion, club team, etc.) that is associated with or coached by anyone associated with the new school (School "B"). (*See Bylaw 510 for definition of a non-school athletic team).

6) IF THE ABOVE STATEMENTS (UNDER CERTIFICATION OF APPLICATION) ARE TRUE SIGN BELOW. YOU WILL NOT NEED TO PROCEED TO ITEM 7. IF YOU CANNOT CERTIFY THE ABOVE STATEMENTS, DO NOT SIGN ITEM 6. SKIP TO ITEM 7 BELOW AND SIGN THERE.

PARENT SIGNATURE _____ DATE _____ STUDENT SIGNATURE _____ DATE _____

OR

7) I AM UNABLE TO CERTIFY THAT SOME OR ALL OF THE ABOVE STATEMENTS ARE TRUE. THEREFORE, AS REQUIRED, I AM SUBMITTING A COMPLETE WRITTEN DISCLOSURE OF THE SPECIFIC. (ATTACH A WRITTEN EXPLANATION TO THIS FORM).

PARENT SIGNATURE _____ DATE _____ STUDENT SIGNATURE _____ DATE _____

Preparticipation Physical Evaluation

HISTORY

DATE OF EXAM _____

Name _____ Sex _____ Age _____ Date of birth _____
 Grade _____ School _____ Sport(s) _____
 Address _____ Phone _____
 Personal physician _____
 In case of emergency, contact
 Name _____ Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers below.
 Circle questions you don't know the answers to.

- | | Yes | No | | Yes | No |
|---|--------------------------|--------------------------|--|----------------------------------|------------------------------------|
| 1. Have you had a medical illness or injury since your last check up or sports physical? | <input type="checkbox"/> | <input type="checkbox"/> | 10. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have an ongoing or chronic illness? | <input type="checkbox"/> | <input type="checkbox"/> | 11. Have you had any problems with your eyes or vision? Do you wear glasses, contacts, or protective eyewear? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been hospitalized overnight? Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> | 12. Have you ever had a sprain, strain, or swelling after injury? Have you broken or fractured any bones or dislocated any joints? Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? If yes, check appropriate box and explain below | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pill's or using an Inhaler? Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Head | <input type="checkbox"/> Elbow | <input type="checkbox"/> Hip |
| 4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? Have you ever had a rash or hives develop during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Neck | <input type="checkbox"/> Forearm | <input type="checkbox"/> Thigh |
| 5. Have you ever passed out during or after exercise? Have you ever been dizzy during or after exercise? Have you ever had chest pain during or after exercise? Do you get tired more quickly than your friends do during exercise? Have you ever had racing of your heart or skipped heartbeats? Have you had high blood pressure or high cholesterol? Have you ever been told you have a heart murmur? Has any family member or relative died of heart problems or of sudden death before age 50? Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? Has a physician ever denied or restricted your participation in sports for any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Back | <input type="checkbox"/> Wrist | <input type="checkbox"/> Knee |
| 6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Chest | <input type="checkbox"/> Hand | <input type="checkbox"/> Shin/calf |
| 7. Have you ever had a head injury or concussion? Have you ever been knocked out, become unconscious, or lost your memory? Have you ever had a seizure? Do you have frequent or severe headaches? Have you ever had numbness or tingling in your arms, hands, legs, or feet? Have you ever had a stinger, burner, or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Finger | <input type="checkbox"/> Ankle |
| 8. Have you ever become ill from exercising in the heat? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Upper arm | | <input type="checkbox"/> Foot |
| 9. Do you cough, wheeze, or have trouble breathing during or after activity? Do you have asthma? Do you have seasonal allergies that require medical treatment? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | | 13. Do you want to weigh more or less than you do now? Do you lose weight regularly to meet weight requirements for your sport? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | 14. Do you feel stressed out? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | 15. Record the dates of your most recent immunizations (shots) for:
Tetanus _____ Measles _____
Hepatitis B _____ Chickenpox _____ | | |
| | | | FEMALES ONLY | | |
| | | | 16. When was your first menstrual period? _____
When was your most recent menstrual period? _____
How much time do you usually have from the start of one period to the start of another? _____
How many periods have you had in the last year? _____
What was the longest time between periods in the last year? _____
Explain "Yes" answers here: _____

_____ | | |

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.
 Signature of athlete _____ Signature of parent/guardian _____ Date _____

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Preparticipation Physical Evaluation

PHYSICAL EXAMINATION

Name _____ Date of birth _____

Height _____ Weight _____ %Body fat (optional) _____ Pulse _____ BP _____/_____/_____

Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL		
Appearance		
Eyes/Ears/Nose/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitalia (males only)		
Skin		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand		
Hip/thigh		
Knee		
Leg/ankle		
Foot		

*Stabon-based examination only

CLEARANCE

Cleared

Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____) MD, DO, PAC, RNP, or DC

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