

UNITED CHRISTIAN ATHLETICS



FROM THE DESK of Nathan Kok

Welcome to UC Academy athletics! I am so excited to be a part of this growing, dynamic, and loving community. Christian education and athletics are two of my passions, and I've held the roles of Athletic Director, HS AP teacher, basketball and baseball coach, and Physical Education Coordinator throughout my 17 years of working in Christian education. Athletics has played a huge developmental role in my life, and I'm excited to walk alongside our coaches, athletes, and families as we look to grow and develop UC Academy athletics.

At UC Academy we believe athletics plays a vital role in developing the whole person, preparing, and training our students to impact their world for Christ. We recognize the benefits of a healthy active lifestyle, the character traits and life lessons that come from athletic competition, the important relationships built between coaches and student athletes, and the tight knit community that athletics can help cultivate within our school.

At UC Academy we seek to provide as many opportunities for students to participate and succeed in athletics as possible throughout their school years. Our coaches are dedicated people who are passionate and gifted both in their specific sport as well as their commitment to growing and developing young people. The development of Christian character and learning how to compete from a Christian perspective are staples of our program and values that students will take with them throughout their lives.

At UC Academy our administration, coaches, athletes, and parents all play a vital role in helping our athletics program succeed. One sign of a healthy athletics program is how involved and supportive the greater school community is. When we work together towards a common athletic goal of growth, joy, and healthy competition at all levels, then we truly do become, United.

I look forward to meeting each of you and hearing your stories of what brought your family to UCA. I am also an avid sports fan, so whether it's talking over coffee about the latest UCA victory or chatting at a home game about why the Dodgers can't win the 'big one', I'm looking forward to connecting with you. Please feel free to contact me with any questions regarding athletics at UCA.

In Christ,

Nathan Kok
Athletic Director
UC Academy
nkok@UCAcademy.org



TRYOUTS CHECKLIST & WHAT TO EXPECT

*Tryouts can be a stressful time, particularly when you don't know what to expect.
Please review the checklist below.*

BEFORE SHOWING UP TO TRYOUT/PRACTICE:

- 1) You must be enrolled at United Christian Academy.
- 2) There is no cost to tryout, but once your student makes the team your account will be billed upon being placed on a roster and payment can be expected to be paid within 14 days. *Refer to the Athletic Fee Schedule.*
- 3) Register online www.AthleticClearance.com. Please allow 24 business hours to receive a clearance confirmation email. The entire registration process must be completed before clearance is granted to your student. Every student must register each calendar school year, beginning August 1st for the school year.

Tips & Tricks for a successful registration:

- a) Use emails that everyone checks daily, for parent(s), guardian(s) and student when registering your student. Coach will make contact through this source. ***Hint: use school email for your student.***
- b) All signatures from parent/guardian and student must be completed for online documents.
- c) Insurance information filled in and proof provided (photo of card is REQUIRED)
- d) Physical Evaluation Form filled out by a licensed medical doctor. Feel free to download a blank physical evaluation form here: https://www.ucacademy.org/wp-content/uploads/2020/07/Physical_Forms.pdf
NOTE: Physicals expire after 1 calendar year.
- e) Upload physical evaluation form to www.AthleticClearance.com. Should you need assistance please email the document to Susan Mahony at smahony@UCAcademy.org.

TRYOUTS vs. PRACTICE:

- 1) Tryouts are different from practice. Your student could be in tryouts for up to 5 days depending on the popularity of the chosen sport. Lasting approximately 1 ½ - 2 hours per day.
- 2) Typically begins after school (student can change into dress code appropriate P.E./workout clothing in the locker room located in the Gym)
- 3) At the end of tryouts, coach will notify your student whether he/she made the team by email(s) you gave in the registration on www.AthleticClearance.com. The email will be from our coaching software, Home Campus. (*Refer to vocabulary key below*)

CONGRATULATIONS!
Your student made the team!
Now what?

Upon acceptance to the team, you and your student can expect:

- 1) Coach will contact parent(s), guardian(s), and student via email with important information.
- 2) You will receive an invoice for sport fee. Finance will bill your FACTS account and payment will be automatically deducted.
- 1) Meet your student's coach online, at the very least. (*Refer to Coach Contact List*)
 - a) Please go to www.UCAcademy.org > Athletics > Teams, find your coach, add their contact information to your mobile device.
- 2) Download the "iCalendar" to your mobile device. Start with your mobile device, go to www.UCAcademy.org > Athletics > Athletic Calendar (a real-time calendar you can adjust to your athlete's sport) > scroll to the bottom of the page and click "Mobile Calendar" > choose Event Type: Sport: Level: > click "create iCal"

Vocabulary Key

- **www.AthleticClearance.com** – A virtual website to register your student prior to tryouts. Registration is required each school year beginning in July.
- **Home Campus** – Athletic software system for coach to communicate between athletic director, parents, athletes, opponents, and CIF.
- **Physical Evaluation** - A form the doctor completes his exam on to clear the student to participate in a sport. Exam expires one calendar year from date of exam.
- **Proof of Insurance** - a picture of the insurance card required to upload in www.AthleticClearance.com at the time of registration.
- **Denied** - Issued by athletic department through Home Campus
- **Cleared** - Issued by athletic department through Home Campus
- **iCal** - an automatic calendar for your mobile device. Go to www.UCAcademy.org > Athletics > Athletics Calendar scroll to the bottom of the page, click "mobile calendar" to download to your device calendar.
- **Spirit Pack** - Items your coach will request to make your athletes season more successful. Visit our on-campus store, The Eagles Bookstore or go online to www.UCASpiritWear.org
- **Jersey/Uniforms:** Issued attire, must return at the end of the season.



High School Coach Contact Information

High School Fall Sports	Varsity Football	Head Coach Xavier Forte AC Irwin Benjamin Xavierforteg@yahoo.com
	Varsity Cross Country	Head Coach Kali Sipes kali.simone@hotmail.com
	Varsity Volleyball	Head Coach Micah Langston AC Antoinette Langston mlangston@UCAcademy.org
	JV Volleyball	Coach Christine Barnes AC Renee Carr cbarnes@UCAcademy.org
High School Fall & Winter Sports	Varsity Cheer	Cheer Advisor Bethanie Lafond cheer@UCAcademy.org Coach Becky Cass
High School Winter Sports	Varsity COED Soccer	Head Coach Ilyas Tasci AC Sebastian Coachily@gmail.com
	Varsity Boys Basketball	Head Coach Adrian Alvarez AC Louis Martinez ucabball@gmail.com
	Varsity Girls Basketball	Coach Bryana Williams ucagirlsbball@gmail.com
High School Spring Sports	Varsity Boys & Girls Track & Field	Coach Cristian Perez AC Gabriel 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	Head Coach Jimmy Mettias Kingtutj24@gmail.com
	JH Volleyball	Head Jessica Davis jndavis0923@icloud.com
	JH Cross Country	Head Coach Richard Reyes richreyes929@gmail.com
Junior High Winter Sports	JH Baseball	Head Coach Andrei Espino AC Jason Quetel Andrei.Espino@icloud.com
	JH Softball	Coach Bill Seybert Bill_imaginechurchsb@verizon.net
Junior High Fall & Winter Sports	JH Cheer	Cheer Advisor Bethanie Lafond cheer@UCAcademy.org Coach Pastrana / AC Sammy Peterson
Junior High Spring Sports	JH Boys Basketball	Head Coach Jimmy Mettias kingtutj24@gmail.com
	JH Girls Basketball	Head Coach Michael Edwards Edwards.mike1979@gmail.com
	JH Boys Soccer	Coach Homero Betancourt Home_chiva2137@icloud.com
	JH Girls Soccer	Coach Cloe Perez chperez@ucacademy.org



Athletic Sport Fee Schedule

Each individual sport may have additional costs: Spirit pack, personal equipment, yearly physical evaluation. Please contact coach for additional costs. *Refer to "Coach Contact List"*

Junior High Sports - \$150.00 per sport

Flag Football
Volleyball
Cross Country
Cheer
Baseball
Softball
Basketball
Soccer

High School Sports - \$200.00 per season

Football
Cross Country
Cheer
Volleyball
Soccer
Basketball
Track & Field
Baseball
Softball

***Should you have any questions about billing your FACTS account for the above sport fees please contact Cynthia Nielsen at cnilsen@UCAcademy.org.*

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.

☐ Medicines

☐ Pollens

☐ Food

☐ Stinging Insects

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

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

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 _____

■ 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"/> N
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 ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider 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

■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name _____ Sex ☐ M ☐ F Age _____ Date of birth _____

☐ 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

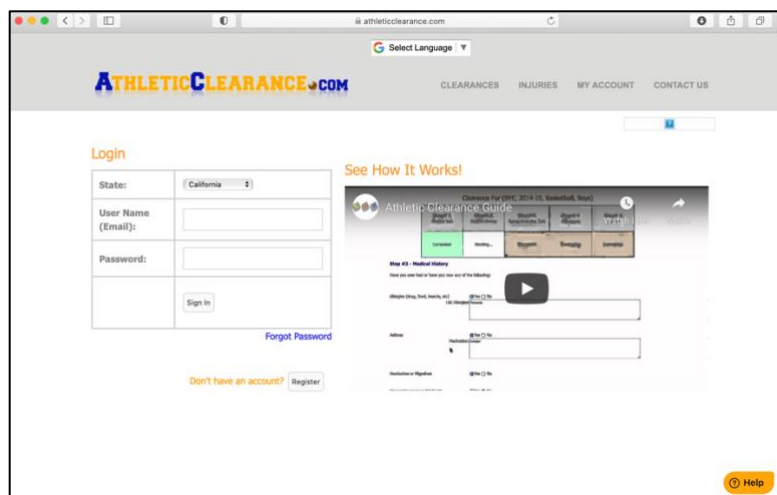
EMERGENCY INFORMATION

Allergies _____

Other information _____



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



- Enter all information.
- Upload your documents or email them to Susan Mahony at smahony@UCAcademy.org she will be happy to assist you in the process of uploading the documents.
- Completed Physical Evaluation Form
- Proof of Insurance (picture of insurance card)
- 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.



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
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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
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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

