Name _____ Grade 6 7 8

San Juan Unified School District
Middle School Athletics
Handbook

I have read and reviewed the San Juan Unified School District Handbook for Middle School Athletics, and have discussed the requirements with my student athlete. I understand that additional questions or specific circumstances should be directed to my student's coach, principal, or the middle school athletic director.

I understand that my student athlete and myself will be held accountable for all requirements in the handbook and that violations of the spirit of or rules within the handbook may result in suspension of my and/or my athlete's participation in San Juan Unified School District middle school athletic teams and/or events.

_____ _____
Parent/Guardian Name Signature

_____ _____
Athlete Name Signature

_____ _____
School Sport

San Juan Unified School District
Middle School Athletics
Code of Conduct for Parents

Mission Statement

San Juan Unified School District aspires to be an outstanding educational-athletic organization that provides a positive experience to every middle school athlete. A positive experience is one in which student athletes:

- *Are exposed to high expectations and caring relationships.*
- *Learn "life lessons" that will benefit them in the classroom, on campus, and in the community.*
- *Promote a connectedness to school, school spirit, and positive school culture through participation in extra-curricular activities.*
- *Are coached using the principles of the Positive Coaching Alliance.*

We are committed to creating a positive culture, in which coaches, parents, fans, officials, and athletes work together to achieve our mission.

I, therefore, pledge to be responsible for my words and actions while attending and participating in all athletic events and shall conform my behavior to the following code of ethics:

1. I will refrain from engaging in unsportsmanlike conduct with any coach, parent, player, participant, official, or any other attendee.
2. I will encourage all athletes to engage in sportsmanlike and respectful conduct with all coaches, parents, players, officials, or any other attendees.
3. I will refrain from engaging in or encouraging any behavior that would endanger the health, safety or well-being of any coach, parent, player, participant, official, or other attendee.
4. I will refrain from engaging in or encouraging verbal or physical threats or abuse at any coach, parent, player, participant, official, or any other attendee.
5. I will not initiate or encourage coaches or athletes to initiate a fight or scuffle with any coach, parent, player, participant, official, or any other attendee before, during, or after an athletic event or practice.
6. I will not yell at or ridicule coaches or athletes for making mistakes or losing a competition.
7. I will make every effort to give full and active support to the educational aims of the school.
8. I will refrain from throwing objects or engaging in any display of disgust directed towards any coach, parent, player, participant, official, or any other attendee.
9. I will make every effort to abide by all rules and conduct myself within the spirit of all rules.

I hereby agree that if I fail to conform my conduct to the foregoing code of conduct while attending and/or participating in middle school athletics I will be subject to disciplinary action, including but not limited to the following in any order or combination:

1. Verbal warning issued by a league or school official.
2. Written warning issued by a league or school official.
3. Suspension or immediate ejection from an event issued by a league or school official who is authorized to issue such suspension or ejection by the San Juan Middle School Athletics Leadership Team or San Juan Unified School District Board of Education.
4. Suspension from multiple events issued by the San Juan Middle School Athletics Leadership Team or San Juan Unified School District Board of Education.
5. Season suspension or multiple season suspension issued by the San Juan Middle School Athletics Leadership Team or San Juan Unified School District Board of Education.

Parent Name

Parent Signature

STUDENT ID #_____

EMERGENCY INFORMATION
San Juan Unified School District

BRIDGES_____ DISCOVERY CLUB_____

Grade_____ Room_____
Teacher/Counselor_____
Walk____ Car____ Bus____ DC_____

CHILD'S FULL LEGAL NAME:

_____ ☐ Male ☐ Female
Last First Middle

Name Child uses (nickname): _____ Birthdate_____

Parent or Guardian Information: Student Lives with: (Check One) Father Only____ Mother Only____ Both Parents____ Foster/Guardian____

Primary Contact Number: _____ NOTE: If legal action curtails the rights of a parent/guardian, you must attach the most current copy of any situations or court orders.
☐ Attached ☐ Not Applicable

Father: _____ Check One: ☐ Natural ☐ Step ☐Guardian/Foster ☐Other Parent

Home Address: _____ _____
No. Street Apt. City Zip Home Phone

Employer: _____ Business Phone: _____ Cell Phone: _____ Email Address: _____

Mother: _____ Check One: ☐ Natural ☐ Step ☐Guardian/Foster ☐Other Parent

Home Address: _____ _____
No. Street Apt. City Zip Home Phone

Employer: _____ Business Phone: _____ Cell Phone: _____ Email Address: _____

If my child is ill, has an emergency, or is suspended and I cannot be reached, please call and release my child to: ***(Other than listed above)***

Name: _____ Home/Work Phone: _____ Cell Phone:_____
Check One: ☐ Relative ☐ Day Care Provider ☐ Friend ☐ Neighbor ☐ Other:_____

Name: _____ Home/Work Phone: _____ Cell Phone:
_____
Check One: ☐ Relative ☐ Day Care Provider ☐ Friend ☐ Neighbor ☐ Other:_____

Physician's Name: _____ Medical Coverage by: _____ ID#_____

Parent Must Check One

☐ 1. In the event of an emergency, when a parent or guardian is unavailable, I authorize school personnel to make arrangements for my child to receive medical/hospital care, including necessary transportation in accordance with their best judgment. I authorize the physician named above to undertake such care and treatment as is considered necessary. In the event said physician is unavailable, I authorize such care and treatment to be performed by a licensed physician or surgeon. I agree to pay all costs incurred as a result of the foregoing.
☐ 2. I do not choose the above statement and desire the following action in the event of an emergency: _____

X_____ X_____
Parent/Guardian Signature ***Date*** ***Parent/Guardian Signature*** ***Date***

TURN CARD OVER AND COMPLETE HEALTH INFORMATION

PLEASE CHECK THE FOLLOWING ITEMS IF THEY PERTAIN TO YOUR CHILD.

VISION

☐ Wears glasses ☐ To be worn at all times
☐ Wears contacts ☐ To be worn at all times
☐ Requires preferential seating
Date of last eye exam: _____
Under care of Dr. _____ Phone: _____
Comments: _____

HEARING

☐ Has a hearing problem ☐ Has tubes in ears ☐ Uses hearing aid
☐ Requires preferential seating
Date of last eye exam: _____
Under care of Dr. _____ Phone: _____
Comments: _____

PLEASE READ AND SIGN:
"I authorize the release of my child's medical information (1) by the school district and the provider of services to the billing agent and (2) by the school district to my insurance carrier as necessary to process a claim or to request payment of Medical Assistance Benefits. Shared information will be limited to health service documentation only."

_____ _____
Parent/Guardian Signature Date

_____ _____
PRINT Name Relationship

HEALTH CONCERNS

1. Has the following condition(s):

☐ Asthma ☐ Seizures ☐ Migraines ☐ Diabetes
☐ Hyperactive (ADHD) ☐ Heart conditions
☐ Allergies (describe): _____
_____
☐ Allergic reaction to bee stings (describe): _____
_____
☐ Other: _____
_____
Are any of the above life threatening? ☐ Yes ☐ No (explain)
_____

2. List medication prescribed:
Current dosage: _____
For (diagnosis): _____
Prescribed by Dr. _____ Phone_____
Does the drug need to be taken during school hours? ☐ Yes ☐ No
"Medication in School" form on file (renew annually) ☐ Yes ☐ No

3. Has a physical condition which limits participation in:
☐ Classroom activities ☐ Physical education
(Please explain): _____
_____
Under care of Dr._____ Phone: _____

4. School of former attendance: _____
City: _____ State: _____

San Juan
Unified School District

AGREEMENT FOR TEAM PARTICIPATION

[Including Waivers and Releases of Potential Claims]

This Agreement must be signed and returned to the School Office before a Student can participate in Team Activities

Each Team must be listed below. If not listed, a separate Participation Agreement will be required.

Additional Required Forms – Concussion and Head Injury Information Sheet & Sports Physical Examination Form

Student:	Address:
Grade:	DOB:
School:	Telephone:
Team(s):	

In consideration of the Student's ability to participate on a Team [including any Sport, Cheerleading, Dance, or Marching Band], including try-outs, practices, pre-season or seasonal strength or training sessions or training camps, or actual participation in Team events, shows, performances, or competitions, or the traveling to or from any of these activities ("Team Activities"), the Student and Parent/Legal Guardian ("Adult") signing this Agreement agree as follows:

1. It is a privilege, not a right, to participate in extra-curricular activities, including Team Activities. The privilege may be revoked at any time, for any reason that does not violate Federal or State law or District policies or procedures. There is no guarantee that the Student will make a Team, remain on a Team, or actively participate in Team events, shows, performances, or competitions. Such matters shall remain exclusively within the judgment and discretion of the supervising District employee or volunteer coach.

2. The Student and the Adult understand the nature of the Team, including the inherent or potential risks of Team Activities. The Student is in sufficiently good health and physical condition to participate in Team Activities, and voluntarily wishes to participate in Team Activities. Before participating in any Team Activity, a properly executed Sports Physical Examination Form and Concussion Head Injury Sheet shall be submitted to the school office (valid for one academic year, Fall/Winter/Spring Activities).

3. The Student shall comply with the instruction and directions of Team Activity teachers, coaches, supervisors, chaperones, and instructors. During the Student's participation in Team Activities, as well as academic and/or other school activities, the Student shall comply with all applicable Codes of Conduct. The Student shall also generally conduct himself/herself at all times in keeping with the highest moral and ethical standards so as to reflect positively on himself/herself, the Team and the District. Failure to meet these obligations may, in the discretion of the District, result in removal from the Team and/or Team Activities. Should the Student's violation of these obligations result in bodily injury or property damage, the Adult agrees to (a) pay to restore or replace the damaged property, (b) pay for bodily injury damages to an individual, and (c) defend, protect and hold the District harmless from such claims.

4. Team Activities contain potential risks of harm or injury, including harm or injury that may lead to permanent or serious physical injury to the Student, including paralysis, brain injury, or death ("Injuries"). Injuries might arise from the Student's actions or inactions, the actions or inactions of another Student or participant in a Team Activity, or the actual or alleged failure by District employees, agents or volunteers to adequately coach, train, instruct, or supervise Team Activities. Injuries might also arise from an actual or alleged failure to properly maintain, use, repair, or replace physical facilities or equipment available for Team Activities. Injuries might also arise from undiagnosed, improperly diagnosed, untreated, improperly treated, or untimely treated actual or potential physical conditions or Injuries, whether or not caused by or related to the Student's participation in Team Activities. All such risks are deemed to be inherent to the Student's participation in Team Activities. To the fullest extent allowed by law, the Student and Adult therefore also fully assume all such risks and waive and release any potential future claim they might otherwise have been able to assert against the District and any Board Member, employee, agent, or volunteer of the District ("Released Parties"), including any claim that could otherwise have been made on behalf of the Student or any parent, administrator, executor, trustee, guardian, assignee or family member. The Student and Adult further understand that Team Activities and transportation to and/or from Team Activities are "field trips" for which there is immunity from liability pursuant to Education Code Section 35330.

5. If the Student believes that an unsafe condition or circumstance exists, or otherwise feels or believes that continued participation in a Team Activity might present a risk of Injury, the Student will immediately discontinue further participation in the Team Activity, notify School personnel of the Student's belief, and notify a parent or guardian of the Student's belief. The parent or guardian shall thereafter prevent the Student from participating in the Team Activity until the unsafe condition or circumstance is addressed or remedied to their satisfaction.

6. Emergency medical information regarding the Student is on file with the District and is current. The Adult agrees to provide updated medical information during the course of the Student's participation in Team Activities. If an injury or medical emergency occurs during Team Activities, District employees, agents or volunteers have my express permission to administer or to authorize the

administration of urgent or emergency care, including the transportation of the Student to an urgent care or emergency care provider. In such circumstances, notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility. An Adult can only withhold this authorization by filing an Objection to Medical Care (Education 49407) that is based on their personally held religious beliefs.

7. Education Code Section 32221.5 requires us to notify you that: **Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling the District.** Education Code Section 32221 requires that such insurance cover medical and hospital expenses resulting from bodily injuries in one of the following amounts: (a) a group or individual medical plan with accident benefits of at least $200 for each occurrence and major medical coverage of at least $10,000, with no more than $100 deductible and no less than 80% payable for each occurrence; (b) group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of at least $1,500; or (c) at least $1,500 for all such medical and hospital expenses. You may meet this obligation in one of two ways:

Option 1: Private medical insurance/Medical. If this option is selected, please provide _____ (Name of Insurer/Provider) and _____ (Policy number/Identifying number), _____ (list coverage dates or "continuous"). The Adult agrees that the Student is covered, and will remain covered during the length of the Team season and that coverage exists in the amounts required by Section 32221.

Option 2: Purchase insurance meeting the requirements of Section 32221, for the period during which the Student is participating on the Team, through a coverage provider made available through the District (please contact Risk Management at 971-7756 for additional information). If you are financially unable to pay for such insurance, contact Risk Management at 971-7756 to see if a payment waiver is available. If no other alternate funding is available through private or charitable organizations, the District will obtain financing for, or provide, the required coverage.

8. Employees, agents or volunteers of the District, members of the press or media, or other persons who may attend or participate in Team Activities, may photograph, videotape, or take statements from the Student. Such photographs, videotapes, recordings, or written statements may be published or reproduced in a manner showing the Student's name, face, likeness, voice, thoughts, beliefs, or appearance to third parties, including, without limitation, webcasts, television, motion pictures, films, newspapers, yearbooks, and magazines. Such published or reproduced items, whether or not for a profit, may be used for security, training, advertising, news, publicity, promotional, informational, or any other lawful purpose. We authorize and consent to any such publications or reproductions, without compensation, and without reservation or limitation.

9. This Agreement is to be broadly construed to enforce the purposes and agreements set forth above, and shall not be construed against the Released Parties solely on the basis that this Agreement was drafted by the District. If any part of this Agreement is deemed invalid or ineffective, all other provisions shall remain in force. No oral modification of this Agreement, or alleged change or modification of its terms by subsequent conduct or oral statement, is allowed. This Agreement contains the sole and exclusive understanding of the parties, with no other representation relied upon by the Adult or Student in determining whether to execute this Agreement or in agreeing to participate in Team Activities.

AS THE ADULT SIGNING BELOW: (1) I AM GIVING UP SUBSTANTIAL ACTUAL OR POTENTIAL RIGHTS IN ORDER TO ALLOW THE STUDENT TO PARTICIPATE IN TEAM ACTIVITIES; (2) I HAVE SIGNED THIS AGREEMENT WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND WITH FULL APPRECIATION OF THE RISKS INHERENT IN TEAM ACTIVITIES; (3) I HAVE NO QUESTION REGARDING THE SCOPE OR INTENT OF THIS AGREEMENT; (4) I, AS A PARENT OR LEGAL GUARDIAN, HAVE THE RIGHT AND AUTHORITY TO ENTER INTO THIS AGREEMENT, AND TO BIND MYSELF, THE STUDENT, AND ANY AND ANY OTHER FAMILY MEMBER, PERSONAL REPRESENTATIVE, ASSIGN, HEIR, TRUSTEE, OR GUARDIAN TO THE TERMS OF THIS AGREEMENT AND I HAVE EXPLAINED THIS AGREEMENT TO THE STUDENT, WHO UNDERSTANDS HIS/HER OBLIGATIONS.

Printed Name of Parent/Guardian	Signature	Date

As the Student, I understand and agree to all of obligations placed on me by this Agreement.

Printed Name of Student	Signature	Date

San Juan
Unified School District

CONCUSSION AND HEAD INJURY INFORMATION SHEET

Student:	Address:	
Grade:	Telephone:	
School:	School Year:	DOB:

Pursuant to Education Code Section 49475, before a Student may try-out, practice, or compete in any District-sponsored extracurricular athletic program, including interscholastic, intramural, or other sport or recreation programs (including cheer/dance teams and marching band), but excluding physical education courses for credit, the student and parent/legal guardian must review and execute this Concussion and Head Injury Information Sheet. Once signed, the Sheet is good for one academic year (Fall through Spring) and is applicable to all athletic programs in which the Student may participate.

IMPORTANT INFORMATION REGARDING CONCUSSIONS

If a Student is suspected of sustaining a concussion or head injury during an athletic activity, the Student shall be immediately removed from the activity. The Student will not be allowed to resume any participation in the activity until he/she has been evaluated by a licensed health care provider (MD or DO for CIF-governed interscholastic sports; MD, DO, nurse practitioner, or physician's assistant for all other sports/athletic activities), who must affirmatively state (1) that he/she has been trained in concussion management and is acting within the scope of his/her licensed medical practice, and (2) the student has been personally evaluated by the health care provider and has received a full medical clearance to resume participation in the activity. By law, there can be no exceptions to this medical clearance requirement.

Depending on the circumstances of a particular practice or game, a supervising referee/umpire, coach/assistant coach, athletic trainer, or attending health care provider may determine that a student should be removed from an activity based on a suspected or potential concussion or head injury. The following guidelines will be used: (1) in the case of an actual or perceived loss of consciousness, the student must be immediately removed from the activity; (2) in all other cases, standardized concussion assessment tools (e.g., Sideline Concussion Assessment Tool (SCAT-II), Standardized Assessment of Concussion (SAC), or Balance Error Scoring System (BESS) protocol) will be used as the basis to determine whether the student should be removed from the activity. For the safety and protection of the student, once a supervising individual makes a determination that a student must be withdrawn from activity due to the potential existence of a concussion or head injury, no other coach, player, parent or other involved individual may overrule this determination.

Once a student is removed from an activity, the parent/guardian should promptly seek a medical evaluation by a licensed health care provider, even if the student does not immediately describe or show physical symptoms of a concussion (headache, pressure in the head, neck pain, nausea or vomiting, dizziness, blurred vision, balance problems, sensitivity to light or sound, feeling "slow," "foggy," or "not right," difficulty with concentration or memory, confusion, drowsiness, irritability or emotionality, anxiety or nervousness, or difficulty falling asleep). If the student reports or shows any of these symptoms, immediate medical health care should be obtained. If a parent or legal guardian is not immediately available to make health care decisions, the District reserves the right to have the student taken for emergency or urgent evaluation or medical care in keeping with the authorization contained in the Agreement for Team Participation.

Dated: _____ Dated: _____

Student _____ Adult _____

Signature _____ Signature _____

Original to be held on file for a period of one (1) year after the end of the Academic Year (Ed. 12/1/11)

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.

FAINTING is the #1 SYMPTOM OF A HEART CONDITION

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.

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 accidently 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.

Cardiac Chain of Survival Courtesy of Parent Heart Watch

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

ERIC PAREDES SAVE A LIFE FOUNDATION