

**SANTA ANA UNIFIED SCHOOL DISTRICT
ACTIVITY PERMIT**

Date _____

I hereby give my permission for _____
(Name of Student)

to attend the OC Marathon Training
(Name of Activity)

to be held at Santa Ana College and Santa Ana River Trail on 1/28/22-4/23/22
(Place) (Date)

It is my understanding that transportation to and from the activity will be by means of District approved transportation and that my son/daughter will be under the supervision of Micah You, a teacher of Santa Ana Unified School District.

As provided for in California Education Code Section 35330, I agree to hold the Santa Ana Unified School District ("District"), its officers, employees and agents harmless from any and all liability and claims arising out of or in connection with my participation in this activity. This waiver, however, shall not apply to any injuries or damages which arise solely out of the negligence of employees or agents of the District.

Signed _____ Parent Phone # _____
(Parent or Guardian Signature)

EN ESPAÑOL ABAJO

**DISTRITO ESCOLAR UNIFICADO DE SANTA ANA
PERMISO PARA ASISTIR A UNA ACTIVIDAD**

Fecha _____

Por este medio le doy permiso a _____
(Nombre del alumno/a)

para que asista a Entrenamiento de maratón
(Nombre de la actividad)

que será en Santa Ana College y Santa Ana River Trail el 1/28/22-4/23/22
(Lugar) (Fecha)

Tengo entendido que la transportación de ida y vuelta a la actividad será a través de transportación aprobado por el Distrito y que mi hijo/a estará bajo la supervisión de Micah You, profesor/a del Distrito Escolar Unificado de Santa Ana.

Como esta dispuesto en el código educativo de California Sección 35330, estoy de acuerdo a eximir al Distrito Escolar Unificado de Santa Ana ("Distrito"), sus agentes, empleados y agentes de cualquier y toda responsabilidad y reclamaciones que surjan de o en relación con mi participación en esta actividad. Esta renuncia, sin embargo, no se aplicará a los daños o lesiones que se presentan únicamente por la negligencia de los empleados o agentes del Distrito.

Firmado _____ Numero de Teléfono _____
(Firma del padre, madre o tutor legal)

IN ENGLISH ABOVE

SANTA ANA UNIFIED SCHOOL DISTRICT
ACTIVITY PERMIT

Date _____

I hereby give my permission for _____
(Name of Student)

to attend the Wizards for Water 10 mile Training Run
(Name of Activity)

to be held at Newport Beach Back Bay on 4/9/22
(Place) (Date)

It is my understanding that transportation to and from the activity will be by means of District approved transportation and that my son/daughter will be under the supervision of Micah You, a teacher of Santa Ana Unified School District.

As provided for in California Education Code Section 35330, I agree to hold the Santa Ana Unified School District ("District"), its officers, employees and agents harmless from any and all liability and claims arising out of or in connection with my participation in this activity. This waiver, however, shall not apply to any injuries or damages which arise solely out of the negligence of employees or agents of the District.

Signed _____ Parent Phone # _____
(Parent or Guardian Signature)

EN ESPAÑOL ABAJO)

DISTRITO ESCOLAR UNIFICADO DE SANTA ANA
PERMISO PARA ASISTIR A UNA ACTIVIDAD

Fecha _____

Por este medio le doy permiso a _____
(Nombre del alumno/a)

para que asista a Carrera de entrenamiento de 10 millas
(Nombre de la actividad)

que será en Back Bay de Newport Beach el 4/9/22
(Lugar) (Fecha)

Tengo entendido que la transportación de ida y vuelta a la actividad será a través de transportación aprobado por el Distrito y que mi hijo/a estará bajo la supervisión de Micah You, profesor/a del Distrito Escolar Unificado de Santa Ana.

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Firmado _____ Numero de Teléfono _____
(Firma del padre, madre o tutor legal)

IN ENGLISH (ABOVE

SANTA ANA UNIFIED SCHOOL DISTRICT
ACTIVITY PERMIT

Date _____

I hereby give my permission for _____
(Name of Student)

to attend the _____ OC Marathon _____
(Name of Activity)

to be held at _____ Newport Beach / Costa Mesa _____ on _____ 5/1/22 _____
(Place) (Date)

It is my understanding that transportation to and from the activity will be by means of District approved transportation and that my son/daughter will be under the supervision of _____ Micah You _____, a teacher of Santa Ana Unified School District.

As provided for in California Education Code Section 35330, I agree to hold the Santa Ana Unified School District ("District"), its officers, employees and agents harmless from any and all liability and claims arising out of or in connection with my participation in this activity. This waiver, however, shall not apply to any injuries or damages which arise solely out of the negligence of employees or agents of the District.

Signed _____ Parent Phone # _____
(Parent or Guardian Signature)

EN ESPAÑOL ABAJO

DISTRITO ESCOLAR UNIFICADO DE SANTA ANA
PERMISO PARA ASISTIR A UNA ACTIVIDAD

Fecha _____

Por este medio le doy permiso a _____
(Nombre del alumno/a)

para que asista a _____ OC Marathon _____
(Nombre de la actividad)

que será en _____ Newport Beach / Costa Mesa _____ el _____ 5/1/22 _____
(Lugar) (Fecha)

Tengo entendido que la transportación de ida y vuelta a la actividad será a través de transportación aprobado por el Distrito y que mi hijo/a estará bajo la supervisión de _____, profesor/a del Distrito Escolar Unificado de Santa Ana.

Como esta dispuesto en el código educativo de California Sección 35330, estoy de acuerdo a eximir al Distrito Escolar Unificado de Santa Ana ("Distrito"), sus agentes, empleados y agentes de cualquier y toda responsabilidad y reclamaciones que surjan de o en relación con mi participación en esta actividad. Esta renuncia, sin embargo, no se aplicará a los daños o lesiones que se presentan únicamente por la negligencia de los empleados o agentes del Distrito.

Firmado _____ Numero de Teléfono _____
(Firma del padre, madre o tutor legal)

IN ENGLISH ABOVE

2022 Wizards for Water Requirements / Contract

1) **Physical exam due by 3/31/22** (the sooner the better)). Bring the form that was passed out. Or if you've had a physical within the last year, bring some documentation that shows that you are cleared for athletics. I made the due date very flexible due to Covid issues at Medical clinics. You can send me a picture of the documentation through Remind.

2) **Emergency Medical Insurance:** If your family does not currently have insurance, you can purchase insurance through the company linked below:

https://www.k12specialmarkets.com/Enroll_2?std=1&key=24786&key2=97487

This company works with our district and the lowest plan costs \$14. If you need help navigating the website, let me know. If you don't have access to a credit or debit card, see me.

If you already have insurance, take a picture of your insurance card or info and send me the picture through Remind..

This will be **due by 2/26**

3) **No additional cost** is required for the race if you are a student of MCHS. The school will cover half of the registration fee and my family will cover the other half.

4) You must **commit to training on your own** during the week. Try to follow the training plan as best as you can. If you only run once a week, you are risking injury. I know that everyone is busy so you have to set aside time to make sure you are preparing yourself.

5) **Weekend group runs:** starting 2/4/22, I will start keeping track of attendance. You can only miss **3** weekend runs for the season. (we have 12 weekends until the race) Even if you can't make it for a group run, I expect you to make up the run on your own. We are a team and we should all be working on training together.

6) **Communication:** make sure that you check and respond to the Remind messages. (**code: @wizardsfo**) Also make sure that you attend the lunch meetings. I will only schedule meetings if we have really important things to go over. If you can't make it to a meeting, message me ahead of time.

7) **Attend and complete the 6 mile (3/11/22 or 3/12/22) and 10 mile(4/9/22) test runs.** See the training schedule for more details. These are 2 days that you cannot miss.

8) **Fundraise:** commit to giving your best effort. Raise awareness, tell people about the race and the cause, get creative, be bold. Donate your own money! My goal for you: raise \$100 and/or receive donations from at least 7 different people.

9) **Be awesome!** Attitude is super important. You guys rock!

Student's Name: _____

Date: _____

Parent's Name: _____

Date: _____

2022 Magos para necesidades de agua/contrato

1) Examen físico para el 31/03/22 (cuanto antes, mejor)). Traiga el formulario que se repartió. O si ha tenido un examen físico el año pasado, traiga alguna documentación que demuestre que está autorizado para el atletismo. Hice la fecha de vencimiento muy flexible debido a problemas de Covid en las clínicas médicas. Puedes enviarme una foto de la documentación a través de Remind.

2) Seguro médico de emergencia: si su familia no tiene seguro actualmente, puede comprar un seguro a través de la compañía vinculada a continuación:

https://www.k12specialmarkets.com/Enroll_2?std=1&key=24786&key2=97487

Esta empresa trabaja con nuestro distrito y el plan más bajo cuesta \$14. Si necesita ayuda para navegar por el sitio web, hágamelo saber. Si no tienes acceso a una tarjeta de crédito ni débito, visítame.

Si ya tiene seguro, tome una foto de su tarjeta de seguro o información y envíeme la foto a través de Remind.. Será para el 26/02

3) No se requiere costo adicional para la carrera si eres estudiante de MCHS. La escuela cubrirá la mitad de la cuota de inscripción y mi familia cubrirá la otra mitad.

4) Debes comprometerte a entrenar por tu cuenta durante la semana. Trate de seguir el plan de entrenamiento lo mejor que pueda. Si solo corres una vez a la semana, corres el riesgo de lesionarte. Sé que todos están ocupados, por lo que debe reservar tiempo para asegurarse de que se está preparando.

5) Carreras grupales de fin de semana: a partir del 4/2/22, comenzaré a realizar un seguimiento de la asistencia. Solo puedes perderte 3 carreras de fin de semana para la temporada. (tenemos 12 fines de semana hasta la carrera) Incluso si no puedes hacerlo para una carrera en grupo, espero que lo hagas por tu cuenta. Somos un equipo y todos deberíamos estar trabajando juntos en el entrenamiento.

6) Comunicación: asegúrese de revisar y responder a los mensajes de recordatorio. (código: @wizardsfo) También asegúrese de asistir a las reuniones de almuerzo. Solo programaré reuniones si tenemos cosas realmente importantes que revisar. Si no puede asistir a una reunión, envíeme un mensaje con anticipación.

7) Asistir y completar las carreras de prueba de 6 millas (3/11/22 o 3/12/22) y 10 millas (4/9/22). Ver el programa de entrenamiento para más detalles. Son 2 días que no te puedes perder.

8) Recaudación de fondos: comprométete a dar tu mejor esfuerzo. Crea conciencia, cuéntale a la gente sobre la carrera y la causa, sé creativo, sé audaz. ¡Dona tu propio dinero! Mi meta para ti: recaudar \$100 y/o recibir donaciones de al menos 7 personas diferentes.

9) ¡Sé genial! La actitud es súper importante. ¡Ustedes son excelentes!

Nombre del estudiante: _____ Fecha: _____

Nombre de los padres: _____ Fecha: _____

MIDDLE COLLEGE HIGH SCHOOL 2021-22

ATHLETICS MEDICAL SCREENING FORM



Last Name: _____ First: _____ DOB: _____
 Student ID # _____ Gender (circle one) Male / Female / Other

HEALTH HISTORY

TO BE COMPLETED BY STUDENT-ATHLETE AND PARENT PRIOR TO MEDICAL SCREENING EVALUATION.

Head injury/concussion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bone/join disorders (broken bones, dislocations, disease, surgery, trick joints, arthritis)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Anemia, leukemia, bleeding disorders	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Kidney/bladder problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Eye problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart trouble, rheumatic fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tuberculosis, asthma, bronchitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ulcers, stomach trouble, hernia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dizzy spells, fainting or convulsions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes, hepatitis, jaundice	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Taking medication regularly	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you tested positive for Covid-19? (If yes, please complete page 2)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

IF YES, PROVIDE DETAILS:

MEDICAL SCREENING EVALUATION

MUST BE COMPLETED BY YOUR PHYSICIAN AND DATED AFTER MAY 1ST OF THE CURRENT SCHOOL YEAR.

<input type="checkbox"/> CLEARED FOR FULL PARTICIPATION			<input type="checkbox"/> NOT CLEARED FOR PARTICIPATION: SPECIALIST CLEARANCE/FOLLOW UP REQUIRED			
MD RECOMMENATIONS OR RESTRICTIONS:						
BP	HR	HT	WT	EYE CHART: R L	GLASSES/CONTACTS	BRACES/TEETH
HEENT	HEART	LUNGS	ABDOMEN	HERNIA	BACK	EXTREMETIES
MD PHONE NUMBER ()			MD PRINT NAME		MD STAMP	
DATE			MD SIGNATURE			

PARENT CONSENT, ACKNOWLEDGEMENT, AND SIGNATURE

CONSENT: By signing below, I hereby give my permission for a screening evaluation.

ACKNOWLEDGEMENT: I hereby give my consent for [above named student], hereafter named student, to compete in athletics. I authorize the student to go with and be supervised by a representative of the school on any trips. In case this student becomes ill or is injured, you are authorized to have the student treated and I authorized the medical agency to render treatment. I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital it is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the school representative to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization shall remain effective until the end of the school year unless sooner revoked in writing and delivered to the school. **I acknowledge that I have reviewed and provided online signatures at athletic-clearance.com for all SAUSD and MCHS High School athletics forms and waivers.**

Parent Signature _____ Date _____

Santa Ana Unified School District

Post COVID-19 Athletic Clearance

Santa Ana Unified School district requires that any student-athlete who tests positive for COVID-19, shall not return to sports activities until this form is completed by a licensed healthcare provider(M.D., D.O., P.A., Nurse Practitioner).

Athlete's Name: _____ DOB: _____
School: _____
Student ID#: _____ Date of Positive
Test: _____

THIS RETURN TO PLAY IS BASED ON TODAY'S EVALUATION

Date of Evaluation: _____

Criteria to return (Please check below as applies)

- 10 days have passed since symptoms first appeared and symptoms have resolved (No fever ($\geq 100.4F$) for 24 hours without fever reducing medication improvement of symptoms (cough, shortness of breath) OR was asymptomatic for 10 days following positive test
- Athlete was not hospitalized due to COVID-19 infection.
- Cardiac screen negative for myocarditis/myocardial ischemia

Chest pain/tightness with exercise YES NO

Unexplained Syncope/near syncope YES NO

Unexplained/excessive dyspnea/fatigue w/exertion YES NO

New palpitations YES NO

Heart murmur on exam YES NO

- Student is medically cleared to participate in athletics without restrictions
- Student is medically cleared to participate in athletics with the following restrictions: _____

- Student is NOT Cleared to participate in athletics. Follow up with a cardiologist is required.

Examiner's Signature: _____

Office Stamp

Examiner's Name Printed: _____

Date: _____

Low Cost Physical Exam Clinics: There are many other clinics that perform physical exams. These were the most inexpensive that I found. I would recommend calling the office before you go (Note: I haven't updated this list since 2019)

1) Coastline Urgent Care

1421 W MacArthur Blvd Suite E, Santa Ana, CA 92704

(Near Bristol and MarArthur)

\$20: you must have a parent with you (unless you are over 18)

Mon-Fri: 8am-7pm (be there by 6:30)

Sat: 9-5pm

Sun: closed

Bring the MCHS physical form with you. (last page of the packet)

(714) 710-3030

2) Advance Urgent Medical Group

1401 West 1st St,

Santa Ana, Ca

(Corner of Bristol and First)

\$30 for the exam

Mon-Fri: 8am-10pm

Sat, Sun : 8am-7pm

Bring the MCHS physical form with you. (last page of the packet)

(714) 542-9700

3) Strong Families Medical Group

2222 S Main St, Santa Ana, CA 92707

(714) 542-1331

Monday – Friday: 9:00am – 6:00pm

Saturday: 9:00am – 1:00pm

Closed Sunday and holidays

(near Main and Warner)

\$30: they do accept MediCal insurance

4) Hurtt Family Health Clinic

1100 N Tustin Ave

Ste A

Santa Ana, CA 92705

(near 17th st and N. Tustin) Across from Global Medical Hospital

(714) 247-0300

Mon-Fri 7am-5pm

Cost: based on your family's income. **Minimum is \$30.** Bring your parents' pay stub or tax return

Bring the MCHS physical form with you. (last page of the packet)

5) If you do have your own family insurance, you can call your Doctor's office and see how much it would be to have a physical exam. Usually you still need to pay a small fee.

Bring the MCHS physical form with you.

2022 OC HALF MARATHON TRAINING PLAN

Date Week of:	SUNDAY rest	MONDAY easy	TUESDAY hard	WEDNESDAY strength	THURSDAY easy	FRIDAY long	SATURDAY long
1/30	Rest	15 min jog/walk	5 min easy, 2 min hard, 5 min easy, 2 min hard	Strength and core Search Youtube: "Strength Core workouts" 10 min	10 min easy jog/ walk	2/4 25 min: If you run friday, rest saturday	2/5 25 min (pick friday or saturday) If you run saturday, rest friday
2/6	rest	15 min jog/walk	5 min easy, 2 min hard, 5 min easy, 2 min hard	Strength and core 15 min Search Youtube: "Strength Core workouts" 10 min	15 min easy jog/ walk	2/11 30 min	2/12 If you didn't run friday, run 30 min
2/13	rest	20 min jog/ walk	5 min easy, 2 min hard, 5 min easy, 5 min hard	Strength and Core 20 min	15 min easy jog/ walk	2/18 3 miles	2/19 Or 3 miles
2/20	rest	20 min jog/ walk	5 min easy, 2 min hard, 5 min easy, 5 min hard	Strength and Core 20 min	15 min easy jog/ walk	2/25 4 miles	2/26 Or 4 miles
2/27	Rest	2 miles easy walk/jog	2miles challenging tempo jog (try not to walk)	Strength and core 20 min	1.5 miles easy jog/ walk	3/4 5 miles	3/5 Or 5 miles
3/6	Rest	3 miles easy walk/jog	2 miles challenging tempo (try not to walk)	Strength and core 20 min	1.5 miles easy jog/ walk	3/11 6 miles Practice Test Run!	3/12 Or 6 miles Practice Test Run!
3/13	Rest	3.5 miles easy walk/jog	3.5 miles(0.5mile easy, 1 mile fast, 1 mile easy, 1 mile fast)	Strength and core 20 min	2 miles easy jog/ walk	3/18 7 miles	3/19 Or 7 miles
3/20	Rest	3.5 miles easy walk/jog	3.5 miles (0.5 mile easy 1 miles fast, 1 mile easy, 1 miles fast)	Strength and core 30 min	2 miles easy jog/ walk	3/25 6.5 miles	3/26 Or 6.5 miles
3/27	Rest	3.5 miles easy walk/jog	4 miles (0.5 mile easy, 1 mile fast, 1 mile easy, 1 mile fast, 0.5 mile easy)	Strength and core 30 min	2.5 miles easy jog/ walk	4/1 8 miles	4/2 Or 8 miles (Spring break starts)
4/3	Rest	4 miles easy walk/jog	4.5 miles (0.5 mile easy, 1 mile fast, 1 mile easy, 1.5 mile)	Strength and core 30 min	2.5 miles easy jog/ walk	4/8 REST!!! No group run:	4/9 We will all run together 10

			fast, 0.5 mile easy)			everyone will run on saturday for the 10 mile practice test run @ Newport Backbay	mile practice TEST run @Newport Backbay NOTE: Spring break finishes this weekend
4/10	Rest	4 miles easy walk/jog	4.5 miles (0.5 mile easy, 1 mile fast, 1 mile easy, 1.5 mile fast, 0.5 mile easy)	Strength and core 30 min	3 miles easy jog/ walk	4/15: 9 miles	4/16 Or 9 miles
4/17	Rest	3.5 miles easy walk/jog	4.0 miles (0.5 mile easy, 1 mile fast, 1 mile easy, 1.0 mile fast, 0.5 mile easy)	Strength and core 30 min	2.5 miles easy jog/ walk	4/22 8 miles	4/23 Or 8 miles
4/24	Rest	2.5 miles easy walk/jog	2 miles (0.5 mile easy, 1 mile fast, 0.5 easy,)	Strength and core 20 min	2 miles easy jog/ walk	4/29 Rest	4/30 Rest: Mr. You will pick up race packets at OC fairgrounds
5/1	RACE!!!! SUNDAY 5/1/22 MEET AT SCHOOL TBA						