

El Camino Real Charter High School
Athletics Office

REQUEST FOR ONE PERIOD COACH AUTHORIZATION

EC § 44258.7 (B) allows full-time, permanent or probationary, teacher who holds a credential in a subject other than physical education to coach a competitive sport for which the students receive physical education credit for **ONE** period a day if the teacher has completed a minimum of 20 clock hours of first aid instruction appropriate to the specific sport.

| | | | |
|--|--------------|--------------|-----------|
| Teacher Name <small>(first name_last name):</small> | Camille King | Employee No: | 160117881 |
|--|--------------|--------------|-----------|

Competitive Team Sport Requested: Cross Country

| Period No. <small>(Only one allowed)</small> | Course Number | Grade Level | Course Title |
|---|---------------|-------------|---------------|
| 6 | 330909 | 9-12 | Cross Country |
| | | | |
| | | | |

Administrator Certification of Requirements to qualify have been met. (ALL areas must be satisfied):
This section must be completed and signed by a certificated administrator.

- Hold a valid California teaching credentials obtained via completion of a BA degree and teacher preparation program that included student teaching
- Completed 20 clock hours of first aid instruction appropriate to the sport

Administrator's Name (print): CAMP JASON Position Title: Admin Director
 Administrator's Signature: Jason Camp Date: 8/4/22

TEACHER CONSENT TO THE ASSIGNMENT *(Must be completed by teacher)*

I, Camille King, agree to teach the above listed courses during the 2022-2023 fiscal year.
(print name – first name, last name)
 Teacher's Signature: Camille King Date: 8/4/2022

EXECUTIVE DIRECTOR VERIFICATION OF REQUEST AND CONSENT

Executive Director Name (print): DAVID HUSBY
 Executive Director's Signature: [Signature] Date: 8/17/22

Scan/Email forms to: HR@ecrchs.net

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|--|-----------|--------------|--------|
| Teacher Name <small>(first name_last name):</small> | Eric Choi | Employee No: | 747843 |
|--|-----------|--------------|--------|

Competitive Team Sport Requested: Girls Golf, Girls Soccer, Boys Golf

| Period No. <small>(Only one allowed)</small> | Course Number | Grade Level | Course Title |
|---|---------------|-------------|--------------|
| 6 | | | Girls Golf |
| | | | Girls Soccer |
| | | | Boys Golf |

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- Completed 20 clock hours of first aid instruction appropriate to the sport

Administrator's Name (print): Camp Jason Position Title: Admin Director

Administrator's Signature: Jason Camp

Date: 8/4/22

TEACHER CONSENT TO THE ASSIGNMENT (Must be completed by teacher)

I, Eric Choi, agree to teach the above listed courses during the 2022-2023 fiscal year.
(print name – first name, last name)

Teacher's Signature: Eric Choi

Date: 8/3/2023

EXECUTIVE DIRECTOR VERIFICATION OF REQUEST AND CONSENT

Executive Director Name (print) DAVID HUSSBY

Executive Director's Signature: [Signature]

Date: 8/17/2022

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|--|------------|--------------|-----------|
| Teacher Name <small>(first name_last name):</small> | ALYSSA LEE | Employee No: | 141208901 |
|--|------------|--------------|-----------|

Competitive Team Sport Requested: VOLLEYBALL

| Period No. <small>(Only one allowed)</small> | Course Number | Grade Level | Course Title |
|---|--------------------------|-------------|--------------|
| 6 | VLLYBL, V GIRL - Lec - 6 | VARIES | VOLLEYBALL |
| | | | |
| | | | |

Administrator Certification of Requirements to qualify have been met. (ALL areas must be satisfied):
This section must be completed and signed by a certificated administrator.

- Hold a valid California teaching credentials obtained via completion of a BA degree and teacher preparation program that included student teaching
- Completed 20 clock hours of first aid instruction appropriate to the sport

Administrator's Name (print): CAMP JASON Position Title: Admin Director
 Administrator's Signature: Jordan Camp Date: 8/4/22

TEACHER CONSENT TO THE ASSIGNMENT *(Must be completed by teacher)*

I, ALYSSA LEE, agree to teach the above listed courses during the 2022-2023 fiscal year.
(print name – first name, last name)
 Teacher's Signature: [Signature] Date: 8/3/2022

EXECUTIVE DIRECTOR VERIFICATION OF REQUEST AND CONSENT

Executive Director Name (print): DAVID HUSSEY
 Executive Director's Signature: [Signature] Date: 8/17/22

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|---|---------------|--------------|-----------|
| Teacher Name (first name_last name): | John Terndrup | Employee No: | 160124861 |
|---|---------------|--------------|-----------|

Competitive Team Sport Requested: Wrestling

| Period No. (Only one allowed) | Course Number | Grade Level | Course Title |
|----------------------------------|---------------|-------------|----------------|
| 6 | 330947 | 9-12 | Wrestling, VAR |
| | | | |
| | | | |

Administrator Certification of Requirements to qualify have been met. (ALL areas must be satisfied):
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- Hold a valid California teaching credentials obtained via completion of a BA degree and teacher preparation program that included student teaching
- Completed 20 clock hours of first aid instruction appropriate to the sport

Administrator's Name (print): Jason Camp Position Title: Admin Director
 Administrator's Signature: Jason Camp Date: 8/4/22

TEACHER CONSENT TO THE ASSIGNMENT (Must be completed by teacher)

I, John Terndrup _____, agree to teach the above listed courses during the 2022-2023 fiscal year.
 (print name - first name, last name)
 Teacher's Signature: [Signature] Date: 08/03/2022

EXECUTIVE DIRECTOR VERIFICATION OF REQUEST AND CONSENT

Executive Director Name (print): David Hussey
 Executive Director's Signature: [Signature] Date: 8/17/22

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 to: HR@ecrchs.net

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|---|---------------|--------------|-----------|
| Teacher Name (first name_last name): | Jason Sabolic | Employee No: | 110208801 |
|---|---------------|--------------|-----------|

Competitive Team Sport Requested: Football

| Period No. (Only one allowed) | Course Number | Grade Level | Course Title |
|----------------------------------|---------------|-------------|-----------------|
| 6 | 585/566 | 9-12 | JV/Var Football |
| | | | |
| | | | |

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- Completed 20 clock hours of first aid instruction appropriate to the sport

Administrator's Name (print): Camp Jason
Administrator's Signature: Jason Camp

Position Title: Admin Director
Date: 08/05/22

TEACHER CONSENT TO THE ASSIGNMENT (Must be completed by teacher)

I, Jason Sabolic, agree to teach the above listed courses during the 2022-2023 fiscal year.
(print name - first name, last name)

Teacher's Signature: Jason Sabolic

Date: 8/4/22

EXECUTIVE DIRECTOR VERIFICATION OF REQUEST AND CONSENT

Executive Director Name (print): DAVID HUSSEY
David Hussey

8/17/22
Executive Director's Signature: _____

Scan/Email
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to:
HR
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Date: _____

Based on LAUSD HR form

Handwritten notes:
02/20/20
02/20/20

Handwritten notes:
District Office
02/20/20

Handwritten notes:
02/20/20

Handwritten notes:
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|--|--------------|--------------|--------|
| Teacher Name (first name, last name): | Beth Corbett | Employee No: | 767797 |
|--|--------------|--------------|--------|

Competitive Team Sport Requested: Cheerleading

| Period No. (Only one allowed) | Course Number | Grade Level | Course Title |
|----------------------------------|---------------|-------------|--------------|
| 6 | | 9-12 | Cheerleading |
| | | | |
| | | | |

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- Completed 20 clock hours of first aid instruction appropriate to the sport

Administrator's Name (print): CAMP JASON
 Administrator's Signature: Jason Camp

Position Title: Admin Director
 Date: 08/05/22

TEACHER CONSENT TO THE ASSIGNMENT (Must be completed by teacher)

I, Beth Corbett, agree to teach the above listed courses during the 2022-2023 fiscal year.
(print name - first name, last name)

Teacher's Signature: Beth C

Date: 8/3/2022

EXECUTIVE DIRECTOR VERIFICATION OF REQUEST AND CONSENT

Executive Director Name (print): DAVID HUSSBY

David Hussby

8/17/22

Executive Director's Signature: _____

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for
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to:
HR
@e
crc
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net

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