

Athlete Name: _____ Sport(s) Fall: _____ Winter: _____ Spring: _____
Grade: _____

CHRISTIAN JUNIOR HIGH SCHOOL
AUTHORIZATION OF CONSENT FOR ATHLETIC EVENTS
(Treatment of a Minor)

I/We, the undersigned, parent or legal guardian of _____ Minor, do hereby authorize the sponsor to give permission 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/or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any qualified hospital, or other medical facility.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required and is given to provide authority and power on the part of any qualified physician to give specific consent to any and all such diagnosis, treatment or hospital care which the attending physician, in the exercise of his best judgement, may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

Sign in Ink _____ Date _____

Signature of Parent or Legal Guardian

Print Name _____ Phone # _____

Print name of Parent or Legal Guardian

Address _____ Student DOB _____

Medical Conditions/Allergies _____

Health Insurance Co. _____ Medical# _____

Dr. _____ Phone # _____

POLICY REGARDING INSURANCE

I do hereby confirm that I understand that all students enrolled in Christian High School are required to maintain continuous Health Insurance coverage while participating in high school sports. By my signature I affirm that my minor child is currently covered by a personal, family or group insurance plan. I further agree that I will notify Christian High School staff immediately if my child's health insurance becomes cancelled or invalid and will immediately withdraw him/her from participation in any and all athletic activities.

Signature of Parent or Legal Guardian Date _____

CAR POOL PERMISSION FORM

I, _____ (name of parent or legal guardian) give my permission for (Son/Daughter) _____ to car pool to and from away practices and games with coaches or parent drivers using transportation that qualifies under the CUSSD regulations. CHS does not authorize students to carpool with other students.

I further agree not to hold in fault the coaches, administration, Christian Unified Schools of San Diego, Christian High, Christian Junior High for any injuries that might occur because of car-pooling.

Signature of Parent or Legal Guardian Date _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

FINANCIAL POLICY

I understand that an athletic fee of \$125.00 per sport (JH Cheer is \$150.00) is required to participate in this program. I agree to pay the fee in full upon receipt of the bill from the Business Office. Fees not paid with 30 days of the date of invoice are subject to a \$25.00 late fee, and the student will not be eligible to participate in another sport until the past due fee is paid. If you have any questions relating to the school's financial policies, please contact the Business Office at 619-201-8806.

Signature of Parent or Legal Guardian

Date

Revised 5/2018

**CAR POOL/FIELD TRIP DRIVER REGISTRATION FORM
CHRISTIAN UNIFIED SCHOOLS OF SAN DIEGO**

Name of parent/driver _____

Address _____ City _____ Zip _____

Home phone _____ Cell phone _____

Driver's License number _____ State of Issue _____

Make of Vehicle _____ Model _____

Number of Seatbelts _____ (students may NOT occupy seat with front air bags)

As the above-named organization requires that each volunteer driver furnish the following information for approval PRIOR to driving on their behalf, I voluntarily provide:

- 1) Copy of Valid Driver's License and permit the organization to check my driving record _____ (initial)
- 2) Copy of Insurance Declaration page showing limits of insurance _____ (initial)
- 3) Background Check form _____ (initial)

Insurance requirements:

Minimum acceptable liability limits

Bodily Injury	\$100,000 per person/\$300,000 per accident
Property Damage	\$50,000 per accident (\$100,000 strongly recommended)

Or	Combined Single Limit	\$300,000 per accident
	Medical Payments	\$5,000 per person
	Uninsured Motorist	\$30,000 per person/\$60,000 per accident

I understand that my insurance is primary and any applicable insurance carried by the organization is secondary.

Insurance Company _____

Policy Number _____

Liability per person/per collision _____ / _____

Property damage _____

Additionally, I agree that:

- I will be responsible for any comprehensive or collision damages suffered by my automobile during the above referenced activity.
- I shall obey all traffic laws and operate my vehicle in a safe manner.

- I am not aware of any defect or mechanical problem with the vehicle that may pose a safety problem.
- I am not taking any drugs, prescription or other substances that have a warning about operating a vehicle or are known to impair mental alertness or cause physical impairment including but not limited to drowsiness and dizziness.
- I have completed and submitted the Consent to Perform Criminal History Background Check form.

Signature

Date

Effective January 1, 2012 The State of California Vehicle Code 27360 was amended to read:

Children under the age of 8 years, if less than 4 feet 9 inches in height, must be secured in a car seat or booster seat.

Additionally, all children should be secured in the back seat unless all back seats are already occupied by children under 12.

By law the number of children in the vehicle should total no more than eight passengers including the driver; however, each child must have a seat, which means that some vehicles would carry less than eight passengers. Seatbelts must be used.

Effective July 1, 2008 The State of California Vehicle Code 23123 was enacted which prohibits all drivers from using a handheld wireless telephone while operating a motor vehicle.

I have read the above and I understand and agree with the requirements listed above.

I understand that I may not text, talk or otherwise use a cell phone or “smart” phone or other hand-held device while driving. Please initial: _____

Signature

Date

Printed Name

Vehicle Description

**CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK
IN COMPLIANCE WITH THE FCRA
(FAIR CREDIT REPORTING ACT)**

Date: _____ Driver Lic. # _____ Driver Lic. State _____

Local Address _____ City, Zip _____

Last Name _____ First Name _____ Middle Name _____

Maiden and/or Other Last Names Used _____

Where were you born:

City* _____ County* _____ State* _____

Date of Birth** _____ Social Security Number** _____ Circle One**:
Male / Female

Email _____

Telephone _____

This authorization and consent for release of personal information acknowledges that Shadow Mountain Community Church / Christian Unified Schools of San Diego / Southern California Seminary (circle one) (Hereafter referred to as "Company") and/or its agent, Protect My Ministry, may now, or at any time I am assigned to, volunteer with or am employed by this Company, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, Credit Report, searches of educational institutions attended; state driving records; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information of file in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to Protect My Ministry, the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.

I authorize and consent for full release of records (either orally or in writing) to the authorized representative(s) of the company(s) to which I am or become involved. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether occupancy was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from **Protect My Ministry**, 14499 N Dale Mabry HWY, Ste 201 South Tampa, FA 33618, telephone number (800) 319-5581 ext. 27. After reading this document, I fully understand its contents and authorize the background verification.

Are you applying for employment in California, Minnesota or Oklahoma? Yes ___ No ___
If so, do you want a copy of any Consumer Report prepared concerning you? Yes ___ No ___

I understand that California law required Company to give me a copy of any report requested within seven (7) days of the date the information was obtained and that failure to do so will expose Company to liability (Section 1786.29).

*** AS SHOWN ON THE ORIGINAL APPLICATION**

**** TO BE USED ONLY FOR CRIMINAL HISTORY SEARCHES, AND NOT A PART OF THE PERSONNEL FILE.**

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a YES answer:

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations). YES NO

CUSSD SCS SDCC SMCC

THREE DIGIT DEPT #: _____

If YES, please provide an explanation below including City, County and State where the offense occurred:

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? YES NO

If YES, please provide an explanation below:

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? YES NO

If YES, Please provide an explanation below:

4. Have you ever been arrested for molesting or abusing a minor? YES NO

If YES, please provide an explanation below:

5. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? YES NO

If YES, Please provide an explanation below:

6. As of the date of this authorization, do you have any pending criminal charges against you? YES NO

If YES, Please provide an explanation below:

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE AGE 18 OR HIGH SCHOOL GRADUATION. YOU MUST BE SPECIFIC ABOUT DATES OF RESIDENCE.

CITY/TOWN	COUNTY	STATE	DATES FROM	TO

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE THAT GROUNDS FOR THE CANCELING OF ANY AND ALL OFFERS OF OCCUPANCY WILL EXIST, AND MAY BE USED AT THE DISCRETION OF SHADOW MOUNTAIN COMMUNITY CHURCH OR CHRISTIAN UNIFIED SCHOOLS OF SAN DIEGO (CIRCLE ONE).

Signed this _____ day of _____, 20_____

Applicant (Print Name) _____