

TEAM(S) Fall: _____ Winter: _____ Spring: _____ GRADE _____

(For office use only)

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

Address _____ Phone # _____

Insurance Co. _____ Medical# _____

Dr. _____ Phone # _____

Medical Conditions/Allergies _____

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. 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.

_____ Date _____
Signature of Parent or Legal Guardian

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

CAR POOL DRIVER INSURANCE VERIFICATION

I, _____ (name of parent or legal guardian) am an adult driver of my own insured vehicle and may transport students to off-campus events on a car pool basis. I understand that I must carry the minimum Auto Insurance Liability Limits of \$100,000 per person for Bodily Injury, \$300,000 per accident for Bodily Injury and \$100,000 per accident for Property Damage. By my signature I confirm that the required Liability Coverages are in place and I will maintain continuous coverage while transporting students in my vehicle.

_____ Date _____
Signature of Parent or Legal Guardian

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)

Name of Insurance Company _____

Policy Number _____

Minimum liability required to be carried by CUSSD field trip drivers is \$100,000/\$300,000 for bodily injury and \$100,000 for property damage/uninsured motorist.

Amount of coverage on this vehicle:

Liability per person/per collision _____ / _____

Property damage _____

I understand the school's insurance does not cover my vehicle or myself, but only the students on a required field trip and students participating in official school sponsored activities, such as athletics, etc. I also understand that children of parent drivers are not covered by the school's insurance.

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.

Additionally, students under age six or under 60 pounds in weight must use a car seat.

Signature of Parent/Driver

Date _____

A valid driver's license and proof of current insurance policy must accompany this form. For your convenience the school office will make copies of these documents.

FINANCIAL POLICY

I understand that an athletic fee of \$100.00 per sport (JH Cheer is a \$125.00 fee) 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.

Date _____

Signature of Parent or Legal Guardian

POLICY REGARDING INSURANCE

I do hereby confirm that I understand that all students enrolled in Christian Junior High School are required to maintain continuous Health Insurance coverage. 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.

Date _____

Signature of Parent or Legal Guardian

HEALTH INSURANCE COVERAGE VERIFICATION

Student's Name:	Parent Name for Insurance Policy:
Health Insurance Company:	Group or Policy Number:
Non-Emergency Insurance Company Phone Number:	Doctor's Name and Phone Number: