

Residency Verification Contract

Christopher High School Cheerleading/Dance Team

All students are expected to provide accurate residency information to the District. If it is found the residence address furnished by the student, parents or legal guardian is **fraudulent**, the student will be excluded from attending Christopher High School and be assigned to his/her actual Attendance Area School OR referred to district of residence for appropriate school enrollment, in accordance with GUSD Administrative Regulation 5111.1 and Education Codes Sections 48900 *et. seq.*

In addition, if GUSD finds that a current Christopher High School student is not enrolled in his/her actual Attendance Area School, this student will be immediately removed from any athletic teams, including the cheer/dance team.

The cheer/dance team packet is not considered complete unless the contract is signed by both the parent and student.

By signing below, I verify that I have completed the entire enrollment process into Christopher High School and have received official acceptance into CHS. I further acknowledge that if the Gilroy Unified School District finds that my enrollment in Christopher High School is fraudulent for any reason, I will (1) be removed from any CHS cheer/dance team, and (2) be disenrolled from CHS and transferred to the appropriate school of residence or referred to the appropriate district of residence.

Student Name

Student Signature

Parent/Guardian Signature

Date



**GILROY UNIFIED SCHOOL DISTRICT
BUSINESS SERVICES**

7810 Arroyo Circle, Gilroy, California 95020
Tel.: 669-205-4000 Fax: 408-847-7561
www.gilroyunified.org

SUPERINTENDENT

Dr. Deborah A. Flores, Ph.D.

BOARD OF EDUCATION

Enrique Diaz ♦ B.C. Doyle ♦ Tuyen Fiack ♦ Mark Good
Anisha Munshi ♦ James E. Pace ♦ Linda Piceno

**VOLUNTARY ACTIVITIES PARTICIPATION FORM
ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK**

I authorize my son/daughter, _____ to participate in the District-
sponsored activities of _____

(1) Assumption of Risk:

On behalf of student and myself:

We understand that the above-listed voluntary activity, by its very nature, includes certain risks. The specific risks vary, but may involve minor injury, major injury, and serious injury, including permanent disability and death, and severe social and economic losses which might result not only from student's own actions, inactions, or negligence, but the actions, inactions, or negligence of others, the rules of play, or the condition of the premises or of any equipment used.

We understand and appreciate the risks that are inherent in the above-listed voluntary activity, include but are not limited to, the following:

- | | |
|------------------------------|--------------------------|
| 1. Sprains/strains | 6. Paralysis |
| 2. Fractured bones | 7. Loss of eyesight |
| 3. Unconsciousness | 8. Communicable diseases |
| 4. Concussion | 9. Death |
| 5. Head and/or back injuries | |

We hereby assert and agree, on behalf of ourselves, our family, heirs, personal representative(s), and/or assigns, that student's participation in the above-listed voluntary activity is voluntary and as such is not required by the District for course credit or for completion of graduation requirements.

We knowingly assume all such risks of that participation. We recognize the importance of following instructions regarding proper technique, training and other established safety rules, guidelines and regulations. We agree that student will abide by all rules and regulations governing the above-listed voluntary activity.

(2) Medical Insurance:

I understand and acknowledge that in order to participate in this activities, I am required to have my own medical and accident insurance for my son/daughter, and certify that I do have such insurance.

(3) Hold Harmless, Indemnity and Release:

On behalf of student and myself, and in consideration of permission for student to participate in the above-listed voluntary activity: We agree, here and forever, to the maximum extent permitted by law, for ourselves, our family, our heirs, personal representative(s), and/or assigns, to defend, hold harmless, indemnify and release, the Gilroy Unified School District ("District"), its Board members, administrators, officers, agents, employees, and volunteers from and against any and all claims, demands, actions, or causes of action of any sort, present or future, on account of damage to personal property, or personal injury, or illness, or death which may result from student's participation in the extracurricular/athletic activity. This release specifically includes claims based on the negligence of the District and its Board members, administrators, officers, agents, and employees. **We understand that we are releasing claims and giving up substantial rights, including our right to sue, and are doing so voluntarily. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made.**

I acknowledge that I have carefully read this **VOLUNTARY ACTIVITIES PARTICIPATION FORM** and that I understand and agree to its terms.

Parent/Guardian

Date

Student Signature

Date

Medical Insurance Carrier

Policy No.

Address

A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with the District before a student will be allowed to participate in the above extra-curricular activities.



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**PARENT’S OR GUARDIAN’S PERMISSION FOR STUDENT PARTICIPATION IN
 EXTRACURRICULAR/ATHLETIC ACTIVITY
 MEDICAL TREATMENT AUTHORIZATION**

To the Principal of: _____ (School)

_____ has my permission to participate in
 (Student Name: please print)

_____ during the _____
 (Extracurricular/Athletic Activity) (School Year/Semester/Quarter)

Supervising Teacher / Coach (please print): _____

I understand that the extracurricular/athletic activity, by its very nature, includes certain risks and could cause minor injury, major injury, and serious injury to student, including permanent disability and death. In the event of illness or injury to student, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, emergency transportation, and hospital care of student considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

_____ Student has no special health needs the staff should be aware of, and no medication is required during this class/activity.

_____ Student has a special need, and instructions are attached. Number of attached pages: _____.

_____ Other: _____

Medical Insurance Carrier: _____ Policy Number: _____
 (e.g., Blue Cross)

In the event of an **emergency**, please contact:

_____ Work: () _____
 (Name) (Relationship) Home: () _____
 Cell: () _____

_____	_____	_____
Signature of Parent/Guardian	Please Print Name	Date
_____	_____	_____
Signature of Student	Please Print Name	Date