



# Member Registration

2008-2009

Please complete **both sides** of this form.  
Return the form and a check for \$38 (payable to SELAH) to the Home Group Leader.

Last Name: \_\_\_\_\_  
First Names of Parents: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Mother's Cell \_\_\_\_\_  
E-Mail Address(es): \_\_\_\_\_

<u>Received</u>
Date: _____
Amount: _____
Ck #: _____
Initials: _____

Home Group 1<sup>st</sup> choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

Returning member \_\_\_\_\_ or new member \_\_\_\_\_ ? 1<sup>st</sup> year homeschooling? \_\_\_\_\_

What church do you attend? \_\_\_\_\_

Do you belong to an ISP? If yes, which ISP? \_\_\_\_\_

*(In response to legal counsel, we regret that we are unable to accept applications from any families belonging to a public school ISP or public charter school.)*

CHEA Membership No. \_\_\_\_\_

HSLDA Membership No. \_\_\_\_\_ (HSLDA membership is required for people with children of school age)

Do you belong to any other support groups? If yes, which one? \_\_\_\_\_

Do you have personal liability coverage through either homeowners or renters insurance? \_\_\_\_\_

### Statement of Purpose

SELAH Christian Schools is a non-denominational, not-for-profit organization of Christian homeschooling families. We offer support for parents and children, learning and social activities, resource information, and subscription to the SELAH Connection. Membership is open to those who are, or will be, educating their children at home. All applicants must meet the requirements for Home School Legal Defense Association (HSLDA) membership. Members of public charter schools are not eligible.

In joining the membership of SELAH Christian Schools, I, the undersigned, agree to adhere to the following:

1. When using the SELAH Library, I will abide by its rules and guidelines.
2. In addition to my membership fee, I will be responsible for various, nominal fees for field trips and other special events in which I choose to participate, throughout the year.
3. I will work in conjunction with SELAH's Statement of Faith as written below:

*We believe:*

*1. The Bible to be the inspired and infallible Word of God and constitutes completed and final revelation. The Bible, in its original autograph, is without error in whole and in part; including theological concepts as well as geographical and historical details.*

*2. God has existed from all eternity in three persons: God the Father, God the Son, and God the Holy Spirit. Jesus Christ is God who came in human flesh, being fully God and fully man, except without sin.*

*3. All men and women are in violation of God's righteous requirements and His holy character both by nature and act and are therefore under His wrath and just condemnation. The central purpose for the coming of the incarnate Jesus Christ was to pay the penalty for man's sin through His substitutionary death on the cross—the successful accomplishment of which was attested to by His subsequent visible, bodily resurrection.*

*4. Salvation is offered as a gift, free to the sinner. This gift must be responded to in an individual faith, not trusting in any personal works whatsoever, but the sacrificial death of Jesus Christ alone.*

*I will work in conjunction with SELAH's Statement of Faith as written above.*

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

1. Any information received, whether in writing or otherwise, from SELAH Christian Schools to member families or attendees does not constitute legal advice.
2. We, the undersigned parents or legal guardians of the above-named child/children, acknowledge that we have voluntarily applied for our child/children to participate in the activities sponsored by SELAH Christian Schools, which activities may include public or private transportation to and/or from the sponsored activities.
3. WE ARE AWARE THAT THERE ARE CERTAIN HAZARDS INVOLVED IN PARTICIPATING IN ANY OF THESE SPONSORED ACTIVITIES. WE ARE VOLUNTARILY PARTICIPATING IN, AND ALLOWING OUR CHILD/CHILDREN TO PARTICIPATE IN, THESE ACTIVITIES WITH KNOWLEDGE OF THE POTENTIAL DANGERS INVOLVED, AND WE HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY, SICKNESS, OR DEATH WHICH MAY OCCUR TO OUR CHILD/CHILDREN OR TO OURSELVES BEFORE, DURING, AFTER, IN TRANSIT TO, OR IN TRANSIT FROM, ANY ACTIVITY SPONSORED BY SELAH CHRISTIAN SCHOOLS.
4. As consideration for our child/children being permitted by SELAH Christian Schools or one of its affiliated organizations to participate in these activities and use their facilities, we hereby agree that we, our assignees, heirs, distributees, guardians, and legal representatives will not make claim against, sue, or attack the property of SELAH Christian Schools or any of its affiliated organizations for any damage, injury, sickness, or death resulting from the non-willful negligence or other acts, howsoever caused, by any employee, agent, contractor, administrator, teacher, or helper of SELAH Christian Schools, as a result of our child's/children's participation in the sponsored activity. We hereby release SELAH Christian Schools and any of its affiliated organizations from all actions, claims, or demands that we, our assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have for any damage, injury, sickness, or death resulting from our child's/children's participation in any activities sponsored by SELAH Christian Schools.
5. Any dispute between SELAH Christian Schools and members will be determined through binding arbitration.
6. WE HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. WE ARE AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN OURSELVES AND SELAH CHRISTIAN SCHOOLS AND ITS AFFILIATED ORGANIZATIONS AND WE SIGN IT OF OUR OWN FREE WILL.

Executed at \_\_\_\_\_, California on \_\_\_\_\_ (date)

Father's name printed: \_\_\_\_\_

Father's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's name printed: \_\_\_\_\_

Mother's signature: \_\_\_\_\_ Date: \_\_\_\_\_

For SELAH Christian Schools: \_\_\_\_\_ Date: \_\_\_\_\_

# SELAH Christian Schools

## Emergency Care Information

Parents: This is an *optional* information form in the event that your child is injured at a SELAH event and you are unable to assist in his care, either because you are not there or have also been injured. This card will accompany your homegroup leader on any group activities.

_____	_____	_____	_____
<b>FAMILY LAST Name</b>	<b>Mother's Name</b>	<b>Mother's Cell Phone</b>	<b>Today's Date</b>
_____	_____	_____	_____
<b>Street Address</b>	<b>City</b>	<b>Zip</b>	<b>Home Phone</b>
_____	_____	_____	_____
<b>Father's Name</b>	<b>Work Phone</b>	<b>Cell Phone</b>	

**In case of an emergency, if parents unavailable, contact:**

<b>Name</b>	<b>Address</b>	<b>Phone</b>	<b>Relationship</b>
1) _____	_____	_____	_____
2) _____	_____	_____	_____

**Health Insurance Co.** \_\_\_\_\_ **Policy or ID #** \_\_\_\_\_

**Pediatrician** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone ( )** \_\_\_\_\_  
**Dentist** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone ( )** \_\_\_\_\_

**Please record any of the following information for each child:**  
**(Date of last tetanus shot, current medications, allergies, special health concerns)**

**Child:** \_\_\_\_\_  
**Child:** \_\_\_\_\_  
**Child:** \_\_\_\_\_  
**Child:** \_\_\_\_\_

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### AUTHORIZATION OF CONSENT FOR TREATMENT

I, the undersigned parent of the following minors:

Name of child: \_\_\_\_\_ Name of child: \_\_\_\_\_  
Name of child: \_\_\_\_\_ Name of child: \_\_\_\_\_

do hereby authorize and official of SELAH Christian Schools to act as designee for the above named minor to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is prescribed by, and is to be rendered under the special supervision of, any licensed physician/or surgeon, whether such diagnosis or treatment is rendered at the office of said physician/surgeon or at a hospital or elsewhere.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being rendered and is given to provide authority and power on the part of our aforesaid designee to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician/surgeon may, for reasons he/she deems appropriate, prescribe.

(I)(We), hereby authorize any hospital that has provided treatment to the above named minor to surrender physical custody of such minor to (my) (our) named designee(s) upon completion of treatment. This authorization is given for designee(s) for those times that (I) (We) cannot be reached by telephone at home or work at the numbers listed above.

This authorization is not to be construed as releasing any physician or surgeon from any requirement that he or she adhere to the lawful standard of care in attending to the named minor and is not to be construed as creating any financial responsibility on the part of SELAH Christian Schools or the respective directors, officials and agents as well as named officials thereof for any health care provided the named minor. PARENTS ARE RESPONSIBLE FOR PAYMENT.

***This Authorization of Consent to Treatment shall be in full effect for the date range of August 1, 2008 through August 1, 2009.***

\_\_\_\_\_  
Parent's Name (Please Print)                      Parent's Signature                      Date