

Student Athlete name: _____

Grade _____

Please complete and sign both sides of this form

Berkeley Unified School District – Athletic Office
Use of private vehicle request form

DRIVER(s) INFORMATION: (please print)

Driver 1: _____ Street Address _____ City, State Zip _____ Driver 1- License: _____ / _____ <small>License Number State</small> Driver 1- License Expiration Date: _____	Driver 2: _____ Street Address _____ City, State Zip _____ Driver 2- License: _____ / _____ <small>License Number State</small> Driver 2- License Expiration Date: _____
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ATTACH A CURRENT COPY OF DRIVER'S LICENSE.

VEHICLE(s) INFORMATION: (please print)

Vehicle 1- License Plate: _____ Make _____ Model _____ Year _____ Number of available seat belts: _____ Registered Owner: _____ Street Address _____ City, State Zip _____ Contact Phone: (____) _____	Vehicle 2- License Plate: _____ Make _____ Model _____ Year _____ Number of available seat belts: _____ Registered Owner: _____ Street Address _____ City, State Zip _____ Contact Phone: (____) _____
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INSURANCE INFORMATION: (please print)

Each vehicle must have liability insurance of at least \$300,000.

Insurance Carrier: _____
Policy Number: _____ Effective Date: _____ Expiration Date: _____
Insurance Agent: _____ Phone: (____) _____
Street Address _____ City, State Zip _____

ATTACH A CURRENT COPY OF VEHICLE INSURANCE CARD.

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver or district employee, I must possess a valid and current driver's license that is designated for the class of vehicle to be driven, a current vehicle registration and have at least the \$300,000 minimum insurance coverage in effect as specified by District policy on any private vehicle I use to transport students or for District business. I hereby certify that the vehicle being driven is in good mechanical and operational condition and I have not knowledge of mechanical defects that could impose danger while transporting students. I understand that, per California Vehicle code, my personal automobile liability insurance policy must be primary in the event of an accident and I understand that the District provides no insurance coverage for physical damage to my personal vehicle or property. *I give my permission to allow Berkeley Unified School District to obtain my motor vehicle record from the Department of Motor Vehicles.*

Driver 1 _____
Signature Name – Please Print Date

Driver 2 _____
Signature Name – Please Print Date

Return this form to the Berkeley High School Athletic Office

Student Athlete name: _____

Grade _____

Berkeley Unified School District – Athletic Office

**Notification to Parent/Guardian of Students Riding in Private Vehicles
While Participating in a School Athletic Event**

Dear Parent:

Exceptional circumstances merit the use of private vehicles rather than District vehicles for the _____ Berkeley High School athletic season.

(write name of athletic sport)

Our District policy requires that the transportation must be optional and students cannot ride in private vehicles without the consent of a parent/guardian. The District requires, however, that each driver carry insurance of at least \$300,000 per accident. You may also wish to review whether your own family health and accident insurance coverage is adequate for this trip.

Please sign below indicating that you consent to have your student participate in transportation by private vehicle under the conditions described and that you waive all claims against Berkeley Unified School District for any injury, accident, illness or death occurring to your son/daughter named below during or by reason of the trip described above.

Student Name: _____

Parent/Guardian Signature: _____

Today's Date: _____

Berkeley High School

Principal: P. Scuderi

School Year: September ~~2010~~ ²⁰¹¹ – June ~~2011~~ ²⁰¹²

RETURN THIS FORM TO YOUR TEAM COACH

Please complete and sign both sides of this form

Berkeley Unified School District – Athletic Office
Notification to Adults Driving Private Vehicles

Thank you for volunteering to transport students in your private vehicle for athletic events, practices and competitions.

We want to inform you of the following while using private transportation:

1. The District's liability insurance does not cover damage to your vehicle or traffic violations incurred by the operation of your vehicle.
2. Each driver of a private vehicle must have a valid and current California driver's license.
3. Each vehicle shall carry liability insurance of at least \$300,000 per accident. This coverage is primary.
4. Passengers who are students must have written consent of parent/guardian.
5. Vehicles must be registered in California and in proper mechanical condition.
6. No financial payment by the District shall be made for pupil transportation provided in a private vehicle.
7. The number of passengers to be transported in any one vehicle shall not be more than the number of seat belts in the vehicle.
8. The driver and all passengers must wear seat belts.
9. The number of passengers, including the driver, shall not exceed the capacity for which the vehicle was designed and should not in any case exceed ten (10).
10. Trucks and pickups may not transport more persons than can safely sit in the passenger compartment.

Please sign below indicating that you understand these requirements and that you recognize the personal implications and responsibilities of the trip.

Driver 1: Print Name: _____ Signature: _____ Driver 1- License: _____ / _____ <small>License Number State</small> Insurance Company: _____ Today's Date: _____	Driver 2: Print Name: _____ Signature: _____ Driver 2- License: _____ / _____ <small>License Number State</small> Insurance Company: _____ Today's Date: _____
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Revised 7/2010

RETURN THIS FORM TO YOUR TEAM COACH