

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 – June 2011

**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

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