

# GLENDALE UNIFIED SCHOOL DISTRICT

## STUDENT SUPPORT SERVICES

223 NORTH JACKSON STREET

GLENDALE, CALIFORNIA 91206

(818) 241-3111

TO: GUSD High School Athletes  
Parents/Guardians

FROM: Bill Card, Director, Student Support Services

SUBJECT: Athletic Eligibility

Participation in Glendale Unified School District's athletic program is voluntary. To be eligible, a student must complete each of the items listed below. **All** necessary forms must be completed and returned to your high school before an athlete will be allowed to participate in any sport's practices or games.

1. PURCHASE AN ASSOCIATED STUDENT BODY CARD

Athletics are funded by the Associated Student Body and all athletes are expected to purchase a student body card in order to participate. They may be purchased at the Student Store or through the school administration.

2. PARENTAL CONSENT FOR PARTICIPATION IN INTERSCHOOL SPORTS PROGRAM

3. PARENTAL AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

4. PHYSICAL EXAMINATION

A student must obtain, or have on file, prior to their season of sport, a form certifying they have had a physical examination by a licensed doctor. Once an athlete has had a physical, he or she is then certified physically fit for one calendar year from the date listed on the form.

5. CONFIRMATION OF ATHLETIC SPORTS INSURANCE

California Education Code, Chapter 1010, AB3100, Chapter 2, Article 3, Sections 32220-32224 makes it mandatory that the school be furnished evidence of student insurance coverage of at least \$1,500 medical and hospital benefits to cover the student while practicing for, participating in, or traveling to or from interschool athletic events. If you have insurance already, sign and complete the form entitled Confirmation of Existing Accident Insurance Coverage.

If you need to purchase insurance, sign the form entitled Confirmation of Intent To Purchase Student Accident Insurance. The application for this school insurance is available through the Athletic Director at your school. The application and fee must be returned to the Athletic Director before an athlete will be allowed to participate.

6. ATHLETIC PARTICIPATION AGREEMENT

Read the agreement carefully so you know what is expected. **Signatures of both the parent/guardian and athlete are required.**

7. ATHLETIC CODE OF CONDUCT AGREEMENT

**REMEMBER - AN A.S.B. CARD IS EXPECTED TO BE PURCHASED AND ALL FORMS SIGNED AND RETURNED BEFORE AN ATHLETE WILL BE ALLOWED TO PARTICIPATE.**

**GLENDALE UNIFIED SCHOOL DISTRICT**

**PARENTAL CONSENT AND ASSUMPTION OF RISK**  
**FOR PARTICIPATION IN INTERSCHOOL SPORTS PROGRAM**

I do hereby give my consent for my son/daughter/ward to compete in interschool sports and to travel to sports contests with an authorized representative of the school. I am aware that in some cases such as practice sessions, the automobile may be driven by another student.

I understand that the school is relieved of all responsibility in case the student is injured while traveling to or participating in any sport.

I understand and acknowledge that sport activities, by their very nature, pose the potential risk of serious injury (sprains/strains, fractures, unconsciousness, head and/or back injuries, paralysis, loss of eyesight, communicable diseases, etc.) or death to individuals who participate in such activities.

I further understand and acknowledge that participation in sport activities is completely voluntary and not required by the Glendale Unified School District for course credit or for completion of graduation requirements.

I understand and acknowledge that in order to participate in these activities, I and my son/daughter agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities.

I understand, acknowledge, and agree that the District, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by my son/daughter which is incident to and/or associated with preparing for and/or participating in this activity.

I acknowledge that I have carefully read this PARENTAL CONSENT FOR PARTICIPATION IN INTERSCHOOL PROGRAM FORM and that I understand and agree to its terms.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**PARENTAL AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

**MEDICAL AUTHORIZATION**

\_\_\_\_\_  
 Student's Name

Should it be necessary for my child/ward to have medical treatment while participating in this trip/sport, I hereby give the District personnel permission to use their judgment in obtaining medical services for my child/ward, and I give permission to the physician selected by the District personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that the District has no insurance covering such medical and hospital costs incurred by my child/ward and therefore any costs for such treatments shall be my

\_\_\_\_\_  
 Parent/Guardian (Please print)

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Home Telephone

\_\_\_\_\_  
 Business Telephone

\_\_\_\_\_  
 Emergency Telephone

\_\_\_\_\_  
 Parent/Guardian Signature of Approval

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 PLEASE CHECK IF SPECIAL INSTRUCTIONS REGARDING MEDICAL TREATMENT FOR YOUR CHILD/WARD ARE ON FILE IN THE SCHOOL.

**GLENDALE UNIFIED SCHOOL DISTRICT**

**CONFIRMATION OF ATHLETIC SPORTS INSURANCE**

**PLEASE COMPLETE AND RETURN TO YOUR SCHOOL**

SCHOOL \_\_\_\_\_

Pupil's Last Name	First Name	Grade	Teacher	Room
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California law (Education Code 32221 et seq.) requires that any pupil engaged in, practicing for, and traveling to and from school-sponsored interschool sports contests be covered by valid insurance which provides at least \$1,500 insurance protection for medical and hospital expense.

You may comply with these insurance requirements by meeting one of the following provisions:

**PROVISION I CONFIRMATION OF EXISTING ACCIDENT INSURANCE COVERAGE**

I do hereby certify that our family insurance plan conforms to California law and provides the required coverage for emergency medical and hospital expenses. Our family insurance plan will remain in effect throughout the school year.

Name of Insurance Company \_\_\_\_\_

Date \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

**PROVISION II CONFIRMATION OF INTENT TO PURCHASE STUDENT ACCIDENT INSURANCE**

I am purchasing the Student Accident Insurance policy offered by the District. I understand that the Student Accident Insurance policy provides medical and hospital benefits in compliance with California law for students while participating in school-sponsored activities.

Date \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

## GLENDALE UNIFIED SCHOOL DISTRICT Preparticipation Physical Evaluation

**HISTORY**

DATE OF EXAM \_\_\_\_\_

Name _____	Sex _____	Age _____	Date of birth _____
Grade _____	School _____	Sport(s) _____	
Address _____		Phone _____	
Personal physician _____			
<i>In case of emergency, contact</i>			
Name _____	Relationship _____	Phone(H) _____	(W) _____

Explain "Yes" answers below.  
Circle questions you don't know the answer to.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	10. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an ongoing or chronic illness?	<input type="checkbox"/>	<input type="checkbox"/>	11. Have you had any problems with your eyes or vision? Do you wear glasses, contacts, or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been hospitalized overnight?	<input type="checkbox"/>	<input type="checkbox"/>	12. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, check appropriate box and explain below.</i>		
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
Have you ever had a rash or hives develop during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
5. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/calf
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper arm	<input type="checkbox"/> Foot	
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	13. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
Has any family member or relative died of heart problems or of sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	15. Record the dates of your most recent immunizations (shots) for:		
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____	Measles _____	
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____	Chickenpox _____	
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	<b>FEMALES ONLY</b>		
7. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	16. When was your first menstrual period? _____		
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	<b>Explain "Yes" answers here:</b>		
8. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
9. Do you cough, wheeze, or have trouble breathing during or after activity?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>	_____		

I hereby certify that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

I give permission for my son/daughter to be examined by his/her own physician, or a physician associated with Glendale Healthy Kids, Glendale Memorial Hospital & Health Center, Verdugo Hills Hospital, Verdugo Hills Medical Associates, or Family Medicine Center.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

# GLENDALE UNIFIED SCHOOL DISTRICT Preparticipation Physical Evaluation

Water Polo

**PHYSICAL EXAMINATION**

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_ / \_\_\_\_ ( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ )

Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

\*Station-based examination only

**CLEARANCE**

- Cleared
- Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_

**GLENDALE UNIFIED SCHOOL DISTRICT****STUDENT SUPPORT SERVICES**

223 NORTH JACKSON STREET

GLENDALE, CALIFORNIA 91206

(818) 241-3111, Extension 283

**ATHLETIC PARTICIPATION AGREEMENT**

I, \_\_\_\_\_, a student/athlete in the Glendale Unified School District, agree to uphold and abide by the rules and regulations of my school and the Glendale Unified School District. I realize that participation in the interscholastic athletic program in the District is voluntary and available to all students. In choosing to participate in the District Athletic Program, I agree to abide by all aspects of this athletic code:

**A. Rules of the School**

1. It is my responsibility as a student/athlete to know and abide by the rules of my school.

**B. School Grades: "C" Grade Average**

1. As a student athlete, I must earn a 2.0 grade point average at each quarterly grading period to remain athletically eligible.
2. California Interscholastic Federation (CIF) rules state that I must be passing four or more subjects in order to be eligible for athletics.

**C. Attendance**

1. I am expected to attend all of my regularly scheduled classes.
2. Truancies: A truancy is defined as missing one or more periods in a given day without a legitimate excuse.
  - a. Truancies and poor attendance will jeopardize my eligibility and will affect my participation on an athletic team.
  - b. Excessive absences/truancies will warrant suspension from the sport in which I am participating.

**D. Termination From the Team**

1. If I quit or am dropped from the athletic team, the coach will notify my counselor, and I will be withdrawn from my athletic class and enrolled in another regular physical education class for the remainder of the semester unless the student has sufficient physical education credits.

**E. Completion of Sport Season**

1. When my season of sport is completed, I am still required to report to my physical education class at its designated period.
2. I am aware that I may receive an "F" grade for not reporting to my regularly assigned physical education period at the conclusion of the season.

**F. Substance Abuse: Alcohol, Drugs, or Tobacco**

1. I will not have in my possession nor will I drink alcohol, smoke, or chew tobacco, or use any illegal or controlled substance without a prescription. If I am in violation of any of the above, it will result in a conference with my coach, a telephone call to my parents and/or guardian, and my suspension from competition or the team for a five-week eligibility period that would cross seasons or school years, and probable suspension from school.
2. I am aware that a second violation of Item F.1 will result in probable suspension from school, a conference with my coach, a telephone call to my parents and/or guardian, and my suspension from my school's interscholastic athletic program for one (1) year from the date of the violation.

- 3. I am aware that a third violation of Item F.1 will result in probable suspension from school, a conference with my coach, a telephone call to my parents and/or guardian, and my permanent suspension from my school's interscholastic athletic program.
- 4. I am aware that a second or third violation of Item F.1 could result in further disciplinary action such as expulsion from the school District.

**G. Hazing, Sexual Harassment, and Verbal Abuse**

- 1. I will not participate nor be a part of any type of verbal and/or non-verbal hazing, intimidation, or taunting directed at another student or teammate.
- 2. I am aware of the GUSD Board Policy 5145.7a strictly prohibiting sexual harassment towards any student as defined by this policy.
- 3. If I am in violation of any of the above, I will be suspended from the team and probable suspension from school.

**H. District Appeal Process for Above Procedures**

- 1. A student may appeal a decision concerning this agreement to the school principal who shall render a decision within three (3) days after the receipt of the appeal. In the event the student is not satisfied with the decision of the principal, the student shall have an opportunity to appeal to the Superintendent, who shall, within three (3) days, render a final decision. Any appeals of the 2.0 grade point average requirement will be made to the principal and considered by a review committee as prescribed under Board Policy 6145.
  - a. A student receiving less than a 2.0 grade point average may appeal no more than one time in a school year and two times in a high school career.
  - b. Once a student has been granted an appeal, a ten week probation period will be in place with grade checks being completed at the end of the ten week period.

**I. California Interscholastic Federation (CIF) Appeal Process for Individual or Team Forfeit of Contests**

- 1. In the event it is necessary to forfeit a contest or be denied playoff entry because of a State and/or Section rule violation, there is a level of appeal to the Section Office, followed by an appeal to the State CIF Office.
- 2. I understand I have been informed by the above statement and agree to contact the CIF Southern Section Office should I wish to appeal.

CIF Southern Section  
 11011 East Artesia Boulevard  
 Cerritos, CA 90703  
 (562) 860-2414  
 FAX (562) 860-1692

State CIF Office  
 664 Las Gallinas Avenue  
 San Rafael, CA 94903  
 (415) 492-5911  
 FAX (415) 492-5919

**Signatures:**

\_\_\_\_\_ Student

\_\_\_\_\_ Parent or Guardian

\_\_\_\_\_ Address

\_\_\_\_\_ Address

\_\_\_\_\_ City, State, Zip

\_\_\_\_\_ City, State, Zip

Telephone Number ( ) \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

**GLENDALE UNIFIED SCHOOLS**  
**Code of Conduct for Interscholastic Student-Athletes**

Water Polo

*Interscholastic athletic competition should demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. The highest potential of sports is achieved when participants are committed to pursuing victory with honor according to six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship (the "Six Pillars of Character<sup>sm</sup>"). This Code applies to all student-athletes involved in interscholastic sports in California. I understand that, in order to participate in high school athletics, I will act in accord with the following:*

**TRUSTWORTHINESS**

1. *Trustworthiness* – be worthy of trust in all I do.
  - a. *Integrity* – live up to high ideals of ethics and sportsmanship and always pursue victory with honor; do what's right even when it's unpopular or personally costly.
  - b. *Honesty* – live and compete honorably; don't lie, cheat, steal, or engage in any other dishonest or unsportsmanlike conduct.
  - c. *Reliability* – fulfill commitments; do what I say I will do; be on time to practices and games.
  - d. *Loyalty* – be loyal to my school and team; put the team above personal glory.

**RESPECT**

2. *Respect* – treat all people with respect all the time and require the same of other student-athletes.
3. *Dignity* – live and play with dignity; be a good sport; be gracious in victory and accept defeat with dignity; give fallen opponents help, compliment extraordinary performance, show sincere respect in pre- and post-game rituals.
4. *Disrespectful Conduct* – don't engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual or **racial** nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.
5. *Respect Officials* – treat contest officials with respect; don't complain about or argue with official calls or decisions during or after an athletic event.

**RESPONSIBILITY**

6. *Importance of Education* – be a student first and commit to getting the best education I can. Be honest with myself about the likelihood of getting an athletic scholarship or playing on a professional level and remember that many universities will not recruit student-athletes that do not have a serious commitment to their education, the ability to succeed academically or the character to represent their institution honorably.
7. *Role-Modeling* – remember, participation in sports is a privilege, not a right and that I am expected to represent my school, coach, and teammates with honor, on and off the field. Consistently exhibit good character and conduct yourself as a positive role model. **Suspension or termination of the participation privilege is within the sole discretion of the school administration.**

8. *Self-Control* – exercise self-control; don't fight or show excessive displays of anger or frustration; have the strength to overcome the temptation to retaliate.
9. *Healthy Lifestyle* – safeguard your health; don't use any illegal or unhealthy substances including alcohol, tobacco, and drugs. Do not use anabolic or androgenic steroids. Refrain from using other substances designed to enhance physical development or performance which are not approved by the United States Food and Drug Administration, Surgeon General of the United States, or the American Medical Association.
10. *Integrity of the Game* – protect the integrity of the game; don't gamble. Play the game according to the rules.

**FAIRNESS**

11. *Be Fair* – live up to high standards of fair play; be open-minded; always be willing to listen and learn.

**CARING**

12. *Concern for Others* – demonstrate concern for others; never intentionally injure any player or engage in reckless behavior that might cause injury to myself or others.
13. *Teammates* – help promote the well-being of teammates by positive counseling and encouragement or by reporting any unhealthy or dangerous conduct to coaches.

**CITIZENSHIP**

14. *Play by the Rules* – maintain a thorough knowledge of and abide by all applicable game and competition rules.
15. *Spirit of Rules* – honor the spirit and the letter of rules; avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship.

**I have read and understand the requirements of this Code of Conduct. I understand that I'm expected to perform according to this code, and I understand that there may be sanctions or penalties if I do not.**

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date



**GLENDAL UNIFIED SCHOOL DISTRICT**

**VOLUNTEER AUTOMOBILE USE PERMISSION FORM**

THIS FORM MAY BE USED FOR A SINGLE TRIP OR FOR GENERAL PERMISSION FOR A GIVEN SCHOOL YEAR.

I VOLUNTEER TO DRIVE MY PERSONAL VEHICLE TO TRANSPORT STUDENTS FOR ATHLETIC PRACTICES AND CONTESTS, AND/OR FIELD TRIP(S) DURING THE CURRENT SCHOOL YEAR.

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
(If under 21)

DRIVER'S LICENSE # \_\_\_\_\_ EXP. DATE \_\_\_\_\_ STATE \_\_\_\_\_

YEAR & MAKE OF AUTO \_\_\_\_\_

VEHICLE LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

INSURANCE CARRIER/AGENT \_\_\_\_\_ PHONE \_\_\_\_\_

LIABILITY LIMITS \_\_\_\_\_

POLICY DATE \_\_\_\_\_ EXP. DATE \_\_\_\_\_

DRIVING RESTRICTIONS \_\_\_\_\_

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND THE INSURANCE COVERAGE IS IN FORCE. I UNDERSTAND I MUST HAVE LIABILITY INSURANCE COVERAGE IN FORCE AND AGREE TO ADVISE THE DISTRICT, IN WRITING, OF ANY CHANGES IN THE ABOVE INFORMATION.

DRIVER'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

**THE FOLLOWING RULES SHOULD BE ENCOURAGED:**

1. **EVERY PERSON MUST HAVE AND WEAR A SEAT BELT**
2. **FOLLOW THE MOST DIRECT ROUTE**
3. **AVOID UNNECESSARY STOPS**
4. **ONE PASSENGER FOR EACH SEAT AVAILABLE**
5. **NO ONE IN THE BED OF A PICK-UP TRUCK**