



# SKI CLUB DRIVER FORM

Destination: \_\_\_\_\_

Dates: \_\_\_\_\_

Driver: \_\_\_\_\_

Number of Seatbelts: \_\_\_\_\_

DRIVER, please initial the appropriate blanks below, sign, and return this form to Mrs. Wendl. Thank you.

- \_\_\_\_\_ 1. I agree to use my personal vehicle to transport children for the Ski Club Season.
- \_\_\_\_\_ 2. I have liability coverage that will be in effect on the day of the ski trip (or I will contact my insurance company to ascertain if there are any policy limits regarding transporting other students or faculty). PLEASE NOTE: VCA has liability insurance that covers all trips, but we have been advised that all drivers are required to have coverage as well.
- \_\_\_\_\_ 3. I do not expect to be reimbursed for gasoline or parking expenses.
- \_\_\_\_\_ 4. I agree not to use any tobacco products in the presence of students during the trip.
- \_\_\_\_\_ 5. I am presently using the following prescription medication for the following reason  
Medication: \_\_\_\_\_  
Reason: \_\_\_\_\_
- \_\_\_\_\_ 6. I will keep the Emergency Medical Authorization forms of the students put in my care in my possession at all times.
- \_\_\_\_\_ 7. If applicable, I agree to keep the TV in the car off while transporting children to and from.
- \_\_\_\_\_ 8. Radio should be on Christian stations like 95.5 or 103.3.
- \_\_\_\_\_ 9. I have a cell phone (not used when operating vehicle) with me and the number is \_\_\_\_\_.
- \_\_\_\_\_ 10. I understand that if we get lost, have any kind of emergency, or situation, I will call Beverly Mares (216-650-2011) to inform her of the situation and get instructions.
- \_\_\_\_\_ 11. In the case of an accident, injury, or medical emergency, I accept the responsibility of calling 911 and/or the police if necessary first, then calling Beverly to maintain communication about the situation.
- \_\_\_\_\_ 12. In the case of a medical situation, I will make every effort to follow the instructions concerning doctors and hospitals as outlined in the student's Emergency Medical Forms in my possession.
- \_\_\_\_\_ 13. I agree to drive safely and follow all state driving laws.

**\*If you haven't for the current year, please provide a copy of your driver's license and **current** insurance card to be kept on file at VCA. They must be updated each year.**

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* Office Use Only \*\*\*

Students assigned to this driver:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

6) \_\_\_\_\_

7) \_\_\_\_\_

8) \_\_\_\_\_

9) \_\_\_\_\_

10) \_\_\_\_\_