



Athletic Driving Authorization Form

Driver: _____

Number of Available Seatbelts: _____

Please **initial** the appropriate blanks below, sign, and return this form to the head coach. Thank you.

- _____ 1. I agree to use my personal vehicle to transport players to the athletic events.
- _____ 2. I have liability coverage that will be in effect on the day of the athletic event.
(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 field trips, but we have been advised that all drivers are required to have coverage as well.
- _____ 3. I will not be reimbursed for gasoline/parking expenses.
- _____ 4. I agree not to use any tobacco products in the presence of students.
- _____ 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 athletes in my care in my possession. At the game, I will give the forms to the Head Coach.
- _____ 7. If applicable, I agree to keep the TV in the car off while transporting children to the athletic event. Movies rated *G* may be approved for long trips, pending Coach approval.
- _____ 8. Radio should be off or 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 the Athletic Director **first** (330.714.5497) to inform them 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 and then calling the Athletic Director(330.714.5497) to maintain communication in 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.

*A copy of my driver's license card and my current insurance card is attached. **Driver's are **not** responsible for bringing athletes back to the school after games. **Parents must make arrangements to pick up their athlete.**

Driver's Signature: _____

Date: _____

*** Office Use Only ***

Event Destination: _____

Event Date: _____

Name of Athlete: _____

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____