



Burbank Unified School District

FIELD TRIP DRIVER REGISTRATION FORM

(To be completed by private vehicle driver)

School: _____ Destination: _____ Date: _____

Departure Date & Time: _____ Return Date & Time: _____

_____ I will be driving my own child only. _____ I will be driving my own and/or other children.

DRIVER REGISTRATION INFORMATION

Driver (circle one): Employee Parent/Guardian/Caregiver Chaperone Volunteer

Name _____ Date of Birth _____

Address _____ Telephone No. _____

Driver's License No. _____ Expiration Date _____

Driving Restrictions _____ **Verified By:** _____

(Print name and initial)

VEHICLE INFORMATION

Name of Owner _____ Year _____ Make _____

Address _____ License Plate No. _____

Registration Expiration Date _____ Seating Capacity _____ No. of Seat Belts _____

Verified by: _____

(Print name and initial)

INSURANCE INFORMATION

(Insurance and seat belts are required, one belt per passenger)

Insurance Company _____ Policy No. _____

Telephone No. _____ Expiration Date _____

Liability Limits \$ _____ (minimum: \$100,000 per person and \$300,000 per accident, and property damage limits of \$50,000)

Verified by: _____

(Print name and initial)

STUDENT PASSENGERS

Attach to this form a list of all student passengers, including their names, addresses, and telephone numbers.

DRIVER STATEMENT

All persons making the field trip or excursion shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion.

I do hereby agree to indemnify and hold harmless the Burbank Unified School District, its officers, employees, agents, representatives, and volunteers from each and every claim or demand made, and each and every liability, action, loss debt, or damage which may arise by or in connection with, or result from, any routine and/or emergency medical services and my participation in any activities covered by this form.

I certify that the above information is true and correct and the insurance coverage is in force. I further certify that the above vehicle is mechanically safe and that I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the last five years. In understand that if an accident occurs, my insurance coverage shall bear responsibility for any losses or claims for damages.

Signature _____ Date _____

Note: This form must be kept with the teacher during the entire activity, and a copy must be kept on file at the school site.

Distribution: White-School, Yellow-Teacher, Pink-Driver (to be kept by Driver)

Revised: 1/00

30-30306

FORM D2