



SPORTS-PARENT DRIVER FORM 2016-17

By signing below, you agree to drive children to all practices and/or games as scheduled by WOLCS. You agree to hold the minimum amount of auto insurance on your policy as outlined below. A copy of your current policy must be submitted to the school office, attention Eileen Stinner before you will be approved to transport students. Copies of pocket cards are not accepted.

1. Liability insurance coverage of \$100,000/\$300,000/\$100,000 on the vehicle you will be driving. This is the responsibility of the driver and owner of the car.
2. Seat belts are required for each rider.
3. No child under 13 should be seated in the front seat of a vehicle outfitted with a passenger-side air bag.

[] Yes, I would like to be a Parent Driver for After School Sports

Student Name: _____ Grade: _____

Parent Name: _____ Date: _____

Parent Signature: _____

Email Address: _____

Work Phone: _____ Cell Phone: _____

PLEASE RETURN THIS FORM TO EILEEN STINNER.