## MARINERS CHRISTIAN SCHOOL ATHLETICS FIELD TRIP REGISTRATION FORM FOR DRIVERS

Please return this form to <u>our receptionist</u>, <u>Amy Ondrea</u>. Thank you! All drivers <u>MUST</u> have this form on file in order to drive on a fieldtrip.

Name of Driver:		<u> </u>	
MCS Student(s):		Class/Grade:	-
Address:			_
Home Phone:	We	ork Phone:	_
Driver's License:	Ma	ake of Vehicle:	_
Model:	Year:	Number of Seatbelts:	_
Registered Owner of Vehicle: _			_
Name of Insurance Company: _			_
Policy #:			_
Minimum liability suggested to & Property Damage, plus Unin		field trip drivers is a combined single limit o	of \$300,000. (Bodily injury
Amount carried on this car:			
Liability: \$	Property Dan	mage: \$	
Medical: \$	Uninsured M	Iotorist: \$	
my vehicle is used. I understand th	ne school's insurance do ter-school activities, suc	age for all accidents and injuries incurred when a oes not cover my vehicle or me, only students of the as athletics, etc. I also understand that any ot overed by the driver's insurance.	n a required field trip and
seat with an airbag. Students may r	not sit in rear-facing sea	at, if applicable. MCS specifies that only the drivats at any time. Please view the following links -seat-law-2012.html http://www.chp.ca.gov/cor	for more information:
<u> </u>	SEAT BELTS and B	BOOSTER SEATS MUST BE USED	
Driver Signature:		Date:	_