

Student Athlete name: \_\_\_\_\_

Grade \_\_\_\_\_

***Berkeley Unified School District – Athletic Office***

**Notification to Parent/Guardian of Students Riding in Private Vehicles  
While Participating in a School Athletic Event**

Dear Parent:

Exceptional circumstances merit the use of private vehicles rather than District vehicles for the  
\_\_\_\_\_ Berkeley High School athletic season.

(write name of athletic sport)

Our District policy requires that the transportation must be optional and students cannot ride in private vehicles without the consent of a parent/guardian. The District requires, however, that each driver carry insurance of at least \$300,000 per accident. You may also wish to review whether your own family health and accident insurance coverage is adequate for this trip.

Please sign below indicating that you consent to have your student participate in transportation by private vehicle under the conditions described and that you waive all claims against Berkeley Unified School District for any injury, accident, illness or death occurring to your son/daughter named below during or by reason of the trip described above.

Student Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Berkeley High School

Principal: P. Scuderi

School Year:

Sept. 2011 – Jun 2012

Sept. 2012 – Jun 2013

Sept. 2013 – Jun 2014

Sept. 2014 – Jun 2015

**RETURN THIS FORM TO YOUR TEAM COACH**