



Student's Name _____

**LIBERTY UNION HIGH SCHOOL DISTRICT
ATHLETIC TRANSPORTATION BY PRIVATE VEHICLE**

Please fill out and sign this notice as indication that you will be able to assist in transporting students to games this season.

Private Vehicle Pupil Transportation Minimum Requirements

1. Insurance – Public Liability

Bodily Injury	\$100,000/300,000 per accident
Property Damage	\$50,000 per accident
Medical Payment	\$2,000

2. Financial Charge

No financial charge to the District shall be made for pupil transportation by private vehicle.

3. Number of Passengers (Exclusive of Driver)

The number of passengers to be transported in any one vehicle shall not be more than the legally permissible number of passengers deemed appropriate for the vehicle.

PLEASE GIVE THIS FORM TO YOUR COACH AT THE BEGINNING OF THE SEASON

1. I understand these transportation minimum requirements and do carry insurance with:

Insurance Co. _____

Effective Dates _____

Policy # _____ Limits _____

2. I will be able to furnish transportation on the following date: _____

3. Number of passengers I can transport: _____

Date: _____ Parent's Signature _____



HERITAGE HIGH SCHOOL



LIBERTY HIGH SCHOOL



FREEDOM HIGH SCHOOL