



OFFICE OF RISK & DISABILITY MANAGEMENT

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Keyshun Marshall, *Director II*

Secondary Safety Guidance for Extra-curricular Travel

As we continue to navigate through the school year, we want to take the time to reiterate the COVID-19 travel guidelines for extra-curricular activities. **Please note field trips are still suspended until further notice.** However, anytime students or staff are traveling for a school sponsored extra-curricular activity such as CIF sports, band, robotics, and ROTC please reference the safety guidance below and the attached travel information and checklist.

Safety Guidance for Extra-curricular Travel

- Ride share (personal vehicles, district bus or van) - drivers must be district staff members only.
- Parents/guardians can transport their own student in their personal vehicle, but cannot transport other students.
- District staff will not transport staff or students that appear to be visibly sick and/or have symptoms.
- Use district provided PPE (disposable mask, hand sanitizer) only - PPE can be obtained through the district's PPE [COVID-19 PPE Request](#) ordering process or you can order specialized PPE kits that include a first aid bag from Risk Management. Call or email Martine Kruger at 916-649-9421 KrugerM@scusd.edu.
- Mask requirements – all students and staff must wear a face mask while riding in the same vehicle. Please make sure to have a supply of disposable face masks at all times.
- Ensure good ventilation in vehicle, with open/partially open windows as weather permits.
- Physical distance as much as possible while riding in the vehicle.
- Follow physical distance guidelines to the extent possible when indoors or outdoors.
- Comply with any [COVID-19 testing](#) and/or [vaccination](#) requirements per SCPH or CDPH guidelines.



Sacramento City Unified School District
**Athletic / Extracurricular Season Travel
INFORMATION AND CHECKLIST**

This information is to assist you in completing the necessary paperwork for athletic/extracurricular season travel. Please submit this form with the necessary information to the segment administrator for approval. All forms are available on the intranet under Risk Management Field Trips. Release of Driver Record Information form should be submitted in advance to Risk Management prior to submitting completed trip packets for approval. On the day of travel, updated rosters and transportation lists should be submitted to the field trips office, area assistant superintendent's office, and provided to the driver(s) and/or trip coordinator. Parent permission forms are carried by the coach.

Important: Keep all documents on file at the site for at least two years.

School _____

Date of Trip ____/____/____

Number of Students: _____

Seasonal Trips are less than 50-mile radius, such as extracurricular and walking trips. For walking trips and extracurricular trips, submit your packet for approval 2 weeks prior. If your trip requires a bus or volunteer drivers, submit your packet for approval 6 weeks prior.

- Athletic Extracurricular Season Trip Request Form (RSK-F106A)
- Itinerary – Season Schedule
- Roster RSK-F106I or Infinite Campus printout
- Assumption of Risk Agreement COVID-19
- Agreement Team Participation RSK-F100A
- Volunteer Personal Automobile Use Form (RSK-F106E) - if applicable
Volunteer drivers must be fingerprinted (Form BC -1) Contact Human Resources
- Release of Driver Record Information Form – if applicable (Volunteers driving throughout season)
- Vehicle Roster (RSK-F106G)
- Emergency Card
- Bus Request Form (TRA-F006) - if applicable

GUIDELINES

COVID-19 Safety Guidance for Extra-curricular Travel:

- Ride share (personal vehicles, district bus or van) - drivers must be district staff members only.
- Parents/guardians can transport their own student in their personal vehicle, but cannot transport other students.
- District staff will not transport staff or students that appear to be visibly sick and/or have symptoms.
- Use district provided PPE (disposable mask, hand sanitizer) only - PPE can be obtained through the district's PPE ordering process [COVID-19 PPE Request](#) or you can order specialized PPE kits that include a first aid bag from Risk Management. Call or email Martine Kruger at 916-649-9421 KrugerM@scusd.edu.
- Mask requirements – all students and staff must wear a face mask while riding in the same vehicle. Please make sure to have a supply of disposable face masks at all times.
- Ensure good ventilation in vehicle, with open/partially open windows as weather permits.
- Physical distance as much as possible while riding in the vehicle.
- Follow physical distance guidelines to the extent possible when indoors or outdoors.
- Comply with any [COVID-19 testing](#) and/or [vaccination](#) requirements per SCPH or CDPH guidelines.

Transportation:

Bus Transportation: Only buses licensed to carry school children can be used. Check with Transportation Services for availability or a list of approved bus companies for rental information.

Van Transportation: Vehicles designed to hold more than ten people, including the driver, are not allowed regardless of the number of people riding. There will be no secondary liability coverage by the district or their insurers for any such vehicles. The district will not pay for nor be responsible for any collision or comprehensive damage to the vehicle. (A 10-14 passenger van with seats removed **does not** qualify to carry students – See annual bulletin on vehicle restrictions)

Limousines: The district discourages; if used, they must comply with van transportation requirements and have seatbelts.

Private Vehicle Transportation: Secure the "Volunteer Personal Automobile Use Form" for each vehicle.

Vehicle Safety Program: This consent form is required and must be completed by all employees and volunteers that drive district students at all times. A copy of a valid driver's license and proof of insurance limits are required (see requirements below under Vehicle Safety Program Employee Pull Notice).

Student Ratio:

The ratio of adult chaperones to students shall be at least (1) one to (10) ten for secondary students grades 7-12. For grades 4-6, this ratio shall be (1) one adult chaperone to (8) eight students. For grades K-3, this ratio shall be (1) one adult chaperone to (4) four students.

Trips involving water or water activities including swimming or wading: All certificated employees and adults associated with the trip are to be familiar with District policies/regulations including Board Policy AR 6153:

Swimming facilities, including backyard pools, must be inspected by the principal and teacher before the trip is scheduled. Owners of private pools must provide a certificate of insurance, designating the district as an additional insured, for not less than \$500,000 in liability coverage.

Lifeguards must be designated for all swimming activities. If lifeguards are not provided by the pool owner or operator, the principal shall ensure their presence. Lifeguards must be Red Cross certified or equivalent and must be at least 21 years old.

The ratio of adult chaperones to students shall be at least (1) one to (10) ten secondary. In grades 4-6, this ratio shall be (1) one to (8) eight. In grades K-3, this ratio shall be (1) one to (4) four. Specific supervisory responsibilities shall be determined in advance to accommodate the varying swimming abilities of students. These responsibilities shall be clarified in writing and reviewed verbally before the trip.

Emergency procedures shall be included with written instructions to adult chaperones and staff.

Staff and chaperones assigned to supervise students must wear swim suits and know how to swim. The principal may require students to wear flotation devices, depending upon their age and swimming ability. A buddy-system or other means of surveillance shall be arranged in advance and strictly enforced during swimming activities.

Unusual Activities, certain water or high-risk activities (examples: rafting, snorkeling, rock climbing, skiing, etc.):

May not be approved or a special parent waiver may be required. Prior to signing a contract or waiver with a vendor, and submitting a "Special Event Liability Insurance Application" copy to Risk Management for review and approval.

Out-of-State or Out-of-Country Trips:

To be forwarded to Segment Administrator (**Six Weeks prior to trip**) along with the Field Trip Request form: **(1)** Completed Out-of-State/Out-of-Country Forms **(2)** Pertinent information required for completion of the agenda item: reason for trip, itinerary, accommodation information including facility name, address, phone number, etc. and funding source for cost of trip and transportation.

Vehicle Safety Program Employee Pull Notice:

The Sacramento City Unified School District has established a driver's safety program known as "EPN" (Employee Pull Notice) for all employees that drive district vehicles and applies to volunteers, and/or staff driving district students. This program allows the District to monitor driver license records of employees who are required to drive on behalf of the District. This program is designed to ensure safety of staff, students, and the community. If you have questions or concerns regarding this request, please feel free to contact the office of Risk & Disability Management at (916) 643-9421.

Please be aware of timelines and plan for the necessary preparation time prior to submitting this form. This form must be submitted six (6) weeks in advance when approval is required. Make sure to submit a clear copy of the driver license with the Release of Driver Record Information Form and proof of insurance limits (minimum required: \$100,000/300,000 liability and \$50,000 property damage). The sole purpose of the information is to verify driver license validity. All other information is not relevant to driving privileges.

When transporting students, stay with the group, do not make unauthorized stops unless there is an emergency, do not skip-planned stops, make sure the vehicle has a first aid kit readily accessible and make sure that all students have the appropriate safety restraints.

Administering Medication: For students with medical conditions, ascertain if any students attending field trip have medical conditions that require medication administration. For field trips taking place during regular school hours, you may bring the child's medication, Authorization to Administer Medications at School, any Emergency Care Plan and ensure that a staff member attending field trip has been trained on the Administration of Medications in the School. For field trips requiring travel times outside of the regular school day OR for any overnight field trip, send home with Student Permission Slips the Field Trip Medication Authorization form to be signed by parent and Health Care Provider. Medications must be in original labelled containers. Discuss with Health Services whether hired nursing support would be required (such as with Type 1 Diabetics, Severe Seizure Disorders). Again, any staff member attending field trip that will administer medications must be trained in advance.

Chaperone Requirements (Role):

All school rules apply on school sponsored field trips. Chaperones are expected to comply with school policies, follow the directions given by the field trip coordinator/teacher, work cooperatively with other volunteers and school staff members, and model appropriate behaviors for students. The chaperone will follow the trip plan developed by the field trip coordinator/teacher.

Students must be supervised at all times while at a school sponsored event. Students must stay with their chaperone, at all times. Go over use of the buddy system with students. Account for all participants regularly and before changing activities. Be sure to know when and where to meet the rest of the group at the end of the visit. Chaperones must be readily available, be mindful of safety concerns, and respond to students' needs. Do not use cell phone for non-emergency or non-trip related purposes. It is not acceptable for outside work or reading to be completed while supervising students. While chaperones are responsible for student behavior, it is the responsibility of the teacher to discipline a student.

Chaperones **may not** do the following:

- **may not** use or possess alcohol or other drugs
- **may not** use tobacco in the presence of, or within the sight of, students
- **may not** administer any medications, prescription or nonprescription, to students unless authorized by appropriate district administration to do so.

For the protection of both the student and the chaperone, chaperones should not place themselves in situations in which they are alone with a student.

Chaperones should also:

- Know what to do in an emergency (medical emergency, natural emergency, lost child, serious breach of rule, etc.).
- Know the first aid contact (must be a certified & trained in first aid)
- Have access and available to the first aid kit
- Have access and available a cell phone and/or other means of reliable communication



Sacramento City Unified School District
Athletic / Extracurricular Season Travel
REQUEST FORM
 (USE A SEPARATE FORM FOR EACH SEASON)

Parent Permission Form is required for all athletic season and tournament trips.

School Name _____ Date _____ / _____ / _____

Head Coach Name _____ Telephone # _____

Field Trip Destination _____

- Local-50-mile radius
 Overnight
 Out-of-Town (Beyond 50-mile radius)
 Out-of-State/Country

Name of Sport _____

Season Begin Date ____ / ____ / ____

Season End Date ____ / ____ / ____

TRANSPORTATION will be provided by can check more than one box if applicable:

- Walking
 District Bus - contact Transportation Field Trip Office
 Charter Bus Company (certified):
 Yes
 No
 Private Vehicle/Parent Driver/Faculty Driver - Complete Volunteer Personal Automobile Use Form for each vehicle and driver, must have fingerprint clearance (check with Human Resources for fingerprint clearances)
 Public Transportation
 Train
 Commercial Airline
 Other: _____

Number of students participating: _____

Adult Chaperones/Coaches:	Driver	Driver
1) _____	<input type="checkbox"/>	2) _____ <input type="checkbox"/>
3) _____	<input type="checkbox"/>	4) _____ <input type="checkbox"/>
5) _____	<input type="checkbox"/>	6) _____ <input type="checkbox"/>
7) _____	<input type="checkbox"/>	8) _____ <input type="checkbox"/>
9) _____	<input type="checkbox"/>	10) _____ <input type="checkbox"/>
11) _____	<input type="checkbox"/>	12) _____ <input type="checkbox"/>
13) _____	<input type="checkbox"/>	14) _____ <input type="checkbox"/>
15) _____	<input type="checkbox"/>	16) _____ <input type="checkbox"/>
17) _____	<input type="checkbox"/>	18) _____ <input type="checkbox"/>
_____	<input type="checkbox"/>	_____ <input type="checkbox"/>

Principal Approval _____ Date _____

Athletic Director (if applicable) _____ Date _____

Head Coach / Trip Coordinator _____ Date _____

Athletic / Extracurricular Season Itinerary

School: ABC Elementary
Season Dates: 7/1/18 – 1/31/19
Coach: Jane Smith

July 1
Home Game

July 15
Away Game Burbank

August 1
Home Game

August 15
Home Game

August 31
Away Game Stockton USD

SAMPLE

Sacramento City Unified School District
**RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT
 FOR EXTRACURRICULAR SPORT, CLUB OR ACTIVITY PARTICIPATION – COVID-19**

School:	Student:
Sport/Club/Activity:	Student #:
Dates(s) Applicable:	Grade:
Location(s):	

The novel coronavirus (or COVID-19) has created a pandemic resulting in a State of Emergency in California. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and health officers have required or recommended social distancing and, in many instances, have prohibited or significantly limited the congregation of groups of people.

The Enter District Name (hereinafter District) is complying with guidance and taking reasonable steps to mitigate the risk of spreading COVID-19. However, this risk cannot be completely eliminated and the District cannot guarantee that you and/or, if applicable, your student(s)/child(ren) will not become infected with COVID-19. Further, participating in the District athletic program and related events and activities (“Athletic Program”) could increase your and/or, if applicable, your student(s)/child(ren)’s risk of contracting COVID-19. Consequently, for the safety of our staff, students, parents, and other visitors, the District requires all persons participating in its activities during this pandemic to acknowledge an assumption of the risk, waive (i.e. release) liability, and agree to abide by our COVID-19 protocols, as follows:

1. I request to participate in the Athletic Program. If applicable, I am the parent and/or legal guardian of the above-named student(s)/child(ren), and I request that he/she/they be allowed to participate in the Athletic Program and I give my permission for he/she/they to do so.
2. Assumption of Risk. By signing this agreement, I understand and acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I and, if applicable, my student(s)/child(ren), may be exposed to or infected by COVID-19 by participating in the Athletic Program, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 by participating in the Athletic Program may result from the actions, omissions, or negligence of myself and others, including, but not limited to, other participants or the District officials, employees, volunteers, and/or representatives. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any harm, loss, or injury to myself and/or, if applicable, my student(s)/child(ren) (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense of any kind, that I, or, if applicable, my student(s)/child(ren), may experience or incur in connection with the Athletic Program (“Claims”).
3. Waiver of Liability. In consideration for the District allowing me and/or, if applicable, my student(s)/child(ren) to participate in the Athletic Program, I, on behalf of myself, and/or, if applicable, my student(s)/child(ren), hereby release, covenant not to sue, discharge, and hold harmless the District,, and any officials, employees, volunteers, and/or representatives thereof (“Releasees”), of and from the Claims, including all liabilities, claims, actions,

Sacramento City Unified School District
**RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT
FOR EXTRACURRICULAR SPORT, CLUB OR ACTIVITY PARTICIPATION – COVID-19**

damages, costs, or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the District, its officials, employees, volunteers, and/or representatives, whether a COVID-19 infection occurs before, during, or after participation in the Athletic Program.

4. Agreement to Abide by COVID-19 Protocols. I agree that I, and/or, if applicable, my student(s)/child(ren), will not enter District grounds or facilities if I am, and/or he/she/they is/are, feeling ill, which includes, but is not limited to, the following symptoms: fever, cough, difficulty breathing, shortness of breath, chest pain, and/or bluish lips or face. I understand and acknowledge that I, or, if applicable, my student(s)/child(ren), may be denied entrance or admittance if the District determines that I am, or he/she/they is/are, showing any such symptoms. I warrant and represent that I am not aware of any medical condition of myself and/or, if applicable, my student(s)/child(ren) which would render it inappropriate for me and/or him/her/they to participate in the activity. I agree to abide by all COVID-19 guidelines and other COVID-19-related policies and procedures, which may change over time as circumstances change over time. This may include hand washing requirements and temperature checks for myself and, if applicable, my student(s)/child(ren). I agree to practice good hygiene etiquette such as sneezing into my elbow, utilizing tissues, and avoid touching my eyes, nose, and mouth, and, if applicable, to instruct my student(s)/child(ren) to do the same. I understand and acknowledge that my failure to abide by and/or my failure to ensure that any student/child of mine abides by this agreement may result in me and/or, if applicable, my student(s)/child(ren), being removed from the Athletic Program.

I HAVE READ THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY AND AGREEMENT TO ABIDE BY the District ATHLETIC COVID-19 PROTOCOLS, FULLY UNDERSTAND ITS TERMS.

DATE: _____
Signature of Minor Student/Participant Acknowledging Risk

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her/their personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her/their release provided above for all the Releasees, and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence and/or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

DATE: _____
Signature of Parent or Legal Guardian



AGREEMENT FOR TEAM PARTICIPATION

[Including Waivers and Releases of Potential Claims]

This Agreement must be signed and returned to the School Office before a Student can participate in Team Activities. Each Team must be listed below. If not listed, a separate Participation Agreement will be required.

Additional Required Forms – RSK-F100F Concussion Injury Information Sheet & RSK-F100C Sports Physical Form

Student:	Address:
Grade:	DOB:
School:	Telephone:
Team(s):	

In consideration of the Student’s ability to participate on a Team [including any Sport, Cheerleading, Dance, or Marching Band], including try-outs, practices, pre-season or seasonal strength or training sessions or training camps, or actual participation in Team events, shows, performances, or competitions, or the traveling to or from any of these activities (“Team Activities”), the Student and Parent/Legal Guardian (“Adult”) signing this Agreement agree as follows:

1. It is a privilege, not a right, to participate in extra-curricular activities, including Team Activities. The privilege may be revoked at any time, for any reason that does not violate Federal or State law or District policies or procedures. There is no guarantee that the Student will make a Team, remain on a Team, or actively participate in Team events, shows, performances, or competitions. Such matters shall remain exclusively within the judgment and discretion of the supervising District employee or volunteer coach.

2. The Student and the Adult understand the nature of the Team, including the inherent or potential risks of Team Activities. The Student is in sufficiently good health and physical condition to participate in Team Activities, and voluntarily wishes to participate in Team Activities. Before participating in any Team Activity, a properly executed Sports Physical Examination Form and Concussion Head Injury Sheet shall be submitted to the school office (valid for one academic year, Fall/Winter/Spring Activities).

3. The Student shall comply with the instruction and directions of Team Activity teachers, coaches, supervisors, chaperones, and instructors. During the Student’s participation in Team Activities, as well as academic and/or other school activities, the Student shall comply with all applicable Codes of Conduct. The Student shall also generally conduct himself/herself at all times in keeping with the highest moral and ethical standards so as to reflect positively on himself/herself, the Team and the District. Failure to meet these obligations may, in the discretion of the District, result in removal from the Team and/or Team Activities. Should the Student’s violation of these obligations result in bodily injury or property damage, the Adult agrees to (a) pay to restore or replace the damaged property, (b) pay for bodily injury damages to an individual, and (c) defend, protect and hold the District harmless from such claims.

4. Team Activities contain potential risks of harm or injury, including harm or injury that may lead to permanent or serious physical injury to the Student, including paralysis, brain injury, or death (“Injuries”). Injuries might arise from the Student’s actions or inactions, the actions or inactions of another Student or participant in a Team Activity, or the actual or alleged failure by District employees, agents or volunteers to adequately coach, train, instruct, or supervise Team Activities. Injuries might also arise from an actual or alleged failure to properly maintain, use, repair, or replace physical facilities or equipment available for Team Activities. Injuries might also arise from undiagnosed, improperly diagnosed, untreated, improperly treated, or untimely treated actual or potential physical conditions or Injuries, whether or not caused by or related to the Student’s participation in Team Activities. All such risks are deemed to be inherent to the Student’s participation in Team Activities. To the fullest extent allowed by law, the Student and Adult therefore also fully assume all such risks and waive and release any potential future claim they might otherwise have been able to assert against the District and any Board Member, employee, agent, or volunteer of the District (“Released Parties”), including any claim that could otherwise have been made on behalf of the Student or any parent, administrator, executor, trustee, guardian, assignee or family member. The Student and Adult further understand that Team Activities and transportation to and/or from Team Activities are “field trips” for which there is immunity from liability pursuant to Education Code Section 35330.

5. If the Student believes that an unsafe condition or circumstance exists, or otherwise feels or believes that continued participation in a Team Activity might present a risk of Injury, the Student will immediately discontinue further participation in the Team Activity, notify School personnel of the Student’s belief, and notify a parent or guardian of the Student’s belief. The parent or guardian shall thereafter prevent the Student from participating in the Team Activity until the unsafe condition or circumstance is addressed or remedied to their satisfaction.

6. Emergency medical information regarding the Student is on file with the District and is current. The Adult agrees to provide updated medical information during the course of the Student’s participation in Team Activities. If an injury or medical emergency occurs during Team Activities, District employees, agents or volunteers have my express permission to administer or to authorize the administration of urgent or emergency care, including the transportation of the Student to an urgent care or emergency care provider.

RSK-F100A

In such circumstances, notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility. An Adult can only withhold this authorization by filing an Objection to Medical Care (Education 49407) that is based on their personally held religious beliefs.

7. Education Code Section 32221.5 requires us to notify you that: **Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling the District.** Education Code Section 32221 requires that such insurance cover medical and hospital expenses resulting from bodily injuries in one of the following amounts: (a) a group or individual medical plan with accident benefits of at least \$200 for each occurrence and major medical coverage of at least \$10,000, with no more than \$100 deductible and no less than 80% payable for each occurrence; (b) group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of at least \$1,500; or (c) at least \$1,500 for all such medical and hospital expenses. You may meet this obligation in one of two ways:

Option 1: Private medical insurance/Medical. If this option is selected, please provide _____ (Name of Insurer/Provider) and _____ (Policy number/Identifying number), _____ (list coverage dates or “continuous”). The Adult agrees that the Student is covered, and will remain covered during the length of the Team season and that coverage exists in the amounts required by Section 32221.

Option 2: Purchase insurance meeting the requirements of Section 32221, for the period during which the Student is participating on the Team, through a coverage provider made available through the District [please contact the District to gain additional information regarding this program]. If you are financially unable to pay for such insurance, a payment waiver can be submitted [forms seeking this waiver are also available from the District] and, if no other alternate funding is available through private or charitable organizations, the District will obtain financing for, or provide, the required coverage.

8. Employees, agents or volunteers of the District, members of the press or media, or other persons who may attend or participate in Team Activities, may photograph, videotape, or take statements from the Student. Such photographs, videotapes, recordings, or written statements may be published or reproduced in a manner showing the Student’s name, face, likeness, voice, thoughts, beliefs, or appearance to third parties, including, without limitation, webcasts, television, motion pictures, films, newspapers, yearbooks, and magazines. Such published or reproduced items, whether or not for a profit, may be used for security, training, advertising, news, publicity, promotional, informational, or any other lawful purpose. We authorize and consent to any such publications or reproductions, without compensation, and without reservation or limitation.

9. This Agreement is to be broadly construed to enforce the purposes and agreements set forth above, and shall not be construed against the Released Parties solely on the basis that this Agreement was drafted by the District. If any part of this Agreement is deemed invalid or ineffective, all other provisions shall remain in force. No oral modification of this Agreement, or alleged change or modification of its terms by subsequent conduct or oral statement, is allowed. This Agreement contains the sole and exclusive understanding of the parties, with no other representation relied upon by the Adult or Student in determining whether to execute this Agreement or in agreeing to participate in Team Activities.

AS THE ADULT SIGNING BELOW: (1) I AM GIVING UP SUBSTANTIAL ACTUAL OR POTENTIAL RIGHTS IN ORDER TO ALLOW THE STUDENT TO PARTICIPATE IN TEAM ACTIVITIES; (2) I HAVE SIGNED THIS AGREEMENT WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND WITH FULL APPRECIATION OF THE RISKS INHERENT IN TEAM ACTIVITIES; (3) I HAVE NO QUESTION REGARDING THE SCOPE OR INTENT OF THIS AGREEMENT; (4) I, AS A PARENT OR LEGAL GUARDIAN, HAVE THE RIGHT AND AUTHORITY TO ENTER INTO THIS AGREEMENT, AND TO BIND MYSELF, THE STUDENT, AND ANY AND ANY OTHER FAMILY MEMBER, PERSONAL REPRESENTATIVE, ASSIGN, HEIR, TRUSTEE, OR GUARDIAN TO THE TERMS OF THIS AGREEMENT AND I HAVE EXPLAINED THIS AGREEMENT TO THE STUDENT, WHO UNDERSTANDS HIS/HER OBLIGATIONS.

Printed Name of Parent/Guardian Signature Date

As the Student, I understand and agree to all of obligations placed on me by this Agreement.

Printed Name of Student Signature Date



VOLUNTEER PERSONAL AUTOMOBILE USE FORM

[One Form Required for Each Driver to be Approved]

Thank you for volunteering your time and your automobile to help transport our students to off-site events or activities. In order to protect the health and safety of our students, our District requires that anyone (employee or volunteer) using their personal automobile to transport students to and from sanctioned activities must receive prior approval. Before we can issue such approval, certain information must be obtained at least 6 weeks before you transport our students. You must also agree to abide by certain rules regarding the operation of the vehicle as set forth below.

REQUIRED INFORMATION

Name of Driver:	
Calif. Driver's License No. & Exp. Date:	
Vehicle(s) Year/Make/Model:	
Vehicle(s) License Plate No.:	
Insurance Carrier:	
Insurance Policy # and Expiration Date:	
Liability Coverage Limits:	(Minimum Required: \$100,000/300,000 liability and \$50,000 property damage)

We also require a photocopy of (a) your driver's license, and (b) your Insurance Policy Declarations Page. Should your driver's license or insurance policy expire during the school year, updated photocopies showing their renewal are required before you will again be eligible to transport students. By signing below, you are also authorizing the District to (a) obtain a copy of your driver record history and status of your driver's license, (b) conduct a criminal background check, and (c) contact your insurance company to confirm your insurance status. Also, **please be advised** that pursuant to Insurance Code Section 11580.9(d), in the case of an accident, **your insurance will provide the primary coverage for any accident resulting in bodily injury or property damage.** The District's automobile liability coverage will apply, if at all, only after your insurance coverage is exhausted through the payment of covered claims. The District does not cover, nor is the District responsible for, comprehensive, uninsured motorists, or collision coverage for your vehicle.

VEHICLE SAFETY AND TRANSPORTATION PROCEDURES AND REQUIREMENTS

For the safety of our Students, by signing below, you are also agreeing to the following rules and requirements:

1. I will not operate an automobile while impaired, whether due to alcohol, drugs (prescription or nonprescription), lack of sleep, or distraction of any kind. I will at all times comply with California law regarding proper operation of the vehicle, including compliance with all speed limits and posted signs and placards.
2. I will not transport students in a vehicle I have reason to believe may be mechanically unsafe or that may become unsafe due to weather or other natural conditions. I will not transport students unless I have a working seatbelt for each student. Seatbelts are to be used at all times by myself and all transported students. The vehicle(s) may be inspected by a District representatives.
3. I am over the age of 21 and will be the sole driver of the vehicle for any given activity, event or competition. I will not let anyone other than myself and authorized students ride in the vehicle. However, I may seek written permission from the District to allow another child of mine to ride in the vehicle to a specific activity, event, or competition **if** the destination involves an activity, event or competition generally available to the public or, at my expense and with District permission, I can purchase admittance for such other child.

Printed Name

Signature

Date

Date Received by District:

Received by:



OFFICE OF RISK & DISABILITY MANAGEMENT

5735 47th Avenue - Sacramento, CA 95824

Phone: (916) 643-9421

Fax: (916) 399-2071

Keyshun Marshall, *Coordinator II*

This form is required to drive a district vehicle or district student. Complete and return to Risk Management with a clear copy of the requestors drivers license. The information below will be submitted to the Department of Motor Vehicle (DMV) in accordance with Title 8, California Code of Regulations.

RELEASE OF DRIVER RECORD INFORMATION

I _____ authorize Sacramento City Unified School District to review driving, motor vehicle related information periodically for the duration of my employment.

I understand that my driving privileges are contingent upon the Sacramento City Unified School District's review of such information.

I understand my signature is confirmation that I have read and understand the above information.

Organization: Sacramento City Unified School District

Signature _____ Date: _____

Printed Name (as it appears on driver license): _____

Driver License Number: _____ State _____ Circle Gender: M or F

Birth Date (Month/Day/Year): _____ Contact Phone Number: _____

Department/Site: _____ Title: _____

Volunteer: Substitute/PerDeim:

Please submit a clear copy of driver license with this form. Be aware of timelines and plan for the necessary preparation time prior to submitting this form.

**This form must be submitted (6) weeks in advance for all trips requiring drivers. The sole purpose of the information is to verify driver license validity. All other information is not relevant to driving privileges. This form is confidential and may be privileged. The information is intended solely for Sacramento City Unified School District Risk & Disability Management use or entity outlined for audit purposes and review or disclosure by anyone else is unauthorized. If you have received this form in error, please forward immediately to the Office of Risk & Disability Management and destroy all copies without reading or disclosing the contents.*

Office of Risk Management Use Only

Processing Date: _____

Clearance Date: _____

Additional Notes/Comments: _____

**Sacramento City Unified School District
VEHICLE ROSTER**

School Site:	Teacher:
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Date:	Destination:
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Vehicle License Plate #:	Vehicle License Plate #:	Vehicle License Plate #:
Driver:	Driver:	Driver:
Driver Cell #:	Driver Cell #	Driver Cell #
# of Passengers:	# of Passengers:	# of Passengers:
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
6.	6.	6.

Vehicle License Plate #:	Vehicle License Plate #:	Vehicle License Plate #:
Driver:	Driver:	Driver:
Driver Cell #:	Driver Cell #:	Driver Cell #:
# of Passengers:	# of Passengers:	# of Passengers:
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
6.	6.	6.

All Occupants Must Wear a Seat Belt

STUDENT ATHLETE EMERGENCY INFORMATION

NAME: _____ Class of 20__ SPORT: _____

ADDRESS: _____
(CITY) (ZIP CODE)

DATE OF BIRTH: _____ SEX: M F

Please complete the following with the **MOST** reliable contact number

PARENT/GUARDIAN NAME: _____ PHONE (____) _____ (H W C)

PARENT/GUARDIAN NAME: _____ PHONE (____) _____ (H W C)

If parents/guardian CANNOT be reached in an emergency please contact:

1. _____ Relationship To Student: _____

PHONE: (____) _____ (H W C) – circle one

2. _____ Relationship To Student: _____

PHONE: (____) _____ (H W C) – circle one

Does the athlete have medical insurance? Yes No

Medical Insurance Company: _____ Policy # _____

My son/daughter currently has or had had any of the following health conditions: (Yes or No)

Diabetes _____ Epilepsy _____ Heart Condition _____ Asthma _____

Drug Allergy (state drug) _____ Other (state condition) _____

I, hereby:

- attest that all the above information given is true
- give my consent, in case this student is injured or becomes ill, for the school and/or its representative to secure medical aid, ambulance transportation, and for the medical agency to render treatment.
- give my consent to the team physician, athletic trainer and/or coach to apply first aid treatment until the emergency personnel can be contacted.

Parent Signature: _____

Date: _____

**SACRAMENTO CITY UNIFIED SCHOOL DISTRICT
TRANSPORTATION BUS REQUEST (Form 203) FOR
CLASSROOM FIELD TRIP (TRA-F006)**

All Field Trips are booked at least fifteen (15) days prior to the Field Trip requested and on a first come first serve basis upon receipt by date in the Field Trip Office.

Please send completed form to: Lucy Becker, Field Trip Office, Box 844B (916) 277-6703

ALL FORMS MUST BE COMPLETELY FILLED OUT. INCOMPLETE FORMS WILL BE RETURNED.

School Code #: _____ **School Name:** _____

Teacher(s) Name(s): _____

Grade Level: _____ **# Of Students:** _____ **# Of Adults:** _____ **# Of Classes:** _____

Of Special Ed. Students: _____ **L.H.** _____ **S.H.** _____ **R.S.P.** _____
(If you need a Wheelchair Bus, please contact the Special Education Department @ 643-9188 to set up a bus for your Field Trip.)

Budget Code: _____
(Mandatory) _____

Approved By: _____
Principal Signature

1st Choice **Pick-Up Time:** _____ **Tour Time:** _____ **Leave Time:** _____

Destination Code #: _____ **Destination:** _____

Month(s) Desired: _____
(Please make sure you have me schedule around your sites testing dates.)

2nd Choice **Pick-Up Time:** _____ **Tour Time:** _____ **Leave Time:** _____

Destination Code #: _____ **Destination:** _____

Month(s) Desired: _____
(Please make sure you have me schedule around your sites testing dates.)

FOR FIELD TRIP OFFICE USE ONLY

Field Trip Sequence #: _____ Scheduled Date: _____

Date Entered: _____ Pick-Up Time: _____ Tour Time: _____ Leave Time: _____

• NOTE: MANDATORY THAT ALL SHADED AREAS MUST BE FILLED OUT.