C.Y.A.A. SPORTS DRIVER INFORMATION FORM
OUR LADY OF MOUNT CARMEL SCHOOL

Driver

Name: _____

Address: _____

Driver's License #:_____ Date of Expiration: _____

SS#:_____ Date of Birth: _____

Phone Number: _____

Vehicle That Will Be Used

Name of Owner: _____

Address of Owner: _____

License Plate #:_____ Registration Expiration Date: _____

Model of Vehicle: _____ Make of Vehicle: _____

Year of Vehicle: _____

If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle.

Insurance Information

Insurance Company: _____

Policy #:_____

Date of Policy Expiration: _____

Liability Limits of Policy: _____

When using a privately-owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle. *Policy note:* The minimal acceptable liability limit for privately-owned vehicles is $100,000/$300,000.

Certification

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 25 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport students.

Signature: _____ Date: _____