



SOCRATES ACADEMY ATHLETICS

3909 Weddington Rd · Matthews, NC · 28105 · 704.321.1711

SOCRATES ACADEMY ATHLETICS CARPOOL PERMISSION FORM

I, _____ (Name of Legal Guardian) give my permission for _____
_____ (Son/Daughter) to be transported by bus, van, or private vehicle to and/or from off-campus games/
meets/practices/outings with parent drivers or coaches when necessary. I hereby release, discharge and indemnify Socrates
Academy, its administration, staff, employees, officers, directors, coaches, volunteers, insurers, agents, and representatives
from any and all claims, causes of action, liability or damages arising out of, or relating to the transportation of my child.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

PHONE NUMBER



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NAME of driver: _____

ADDRESS: _____

HOME phone: _____ WORK phone: _____ CELL phone: _____

DRIVER'S LICENSE #: _____ MAKE of vehicle: _____

MODEL: _____ YEAR: _____ VEHICLE CAPACITY (# of seat belts): _____

REGISTERED OWNER of vehicle _____

INSURANCE Company _____ POLICY#: _____

AMOUNT CARRIED ON CAR: _____ LIABILITY COVERAGE: _____

PROPERTY DAMAGE: _____ MEDICAL COVERAGE: _____

I understand that my personal insurance is primary coverage for all accidents and injuries incurred when I drive my vehicle or when my vehicle is used. I understand the school's insurance does not cover my vehicle or myself, only students on a required field trip and students participating in official after-school activities, such as athletics, etc. I also understand that any other children of parent drivers are not covered by the school's insurance; they are only covered by the drivers' insurance. By law the number of children in the vehicle should total no more than eight passengers including the driver, however, each child MUST have a seat belt, which means some vehicles would carry less than eight passengers. SEAT BELTS MUST BE USED.

I volunteer to drive my personal vehicle to provide transportation for STUDENT EVENTS, during the 2011 – 2012 school year. SOCRATES ACADEMY, requires that each volunteer driver furnish the following information, for approval, prior to driving on its behalf.

- 1) Copy of VALID DRIVERS LICENSE
- 2) Copy of INSURANCE ID CARD showing effective dates of insurance coverage

ADDITIONALLY, I AGREE TO:

Be responsible for any comprehensive or collision losses or damage suffered by my automobile during the above referenced time period. I shall obey the traffic laws, including the requirement that all passengers use the lap belt and shoulder harness while the vehicle is in transit. I am not aware of any defect or mechanical problem with the vehicle that might pose a safety problem. Before signing, please note that in accordance with North Carolina State Law, the insurance provided by the registered owner of the vehicle is primary. Any insurance carried by the organization that may be applicable is secondary. I have read the above and I understand and agree with the above listed requirements.

PARENT/DRIVER signature: _____ DATE: _____