



Malibu High School
Athletic Booster Club

Team Handbook

TEAM & TEAM PARENT HANDBOOK

Thank you for volunteering to be a team parent. You will be the main conduit of information from the team's head coach to the families of the players. You will also be an advocate for your team and its athletes in the Malibu High School community, promoting your team and helping our athletes be recognized for their accomplishments.

The **Malibu High School Athletic Booster Club (ABC)** provides funding for 22 teams at MHS, including field, facility, and scoreboard maintenance, uniforms (new approximately every 2 to 3 years), tournament fees, a conditioning coach, and scholarships.

Money raised by **The Shark Fund (TSF)** goes directly to MHS Athletics. TSF gives a percentage of budget to ABC annually. This is the main source of funding for ABC. Please donate to The Shark Fund General Fund in order to support MHS Athletics.

****Any additional fundraising must have prior school administration approval. See Athletic Director for information and approval.***

Coaches are paid by the school district. Under no circumstances may a family (or someone acting for a family or on their behalf) pay a coach, or provide a gift or donation to a coach, or directly to a team. All donations intended to help a team must be made to TSF. Circumvention of this rule may result in sanctions against the coach. Team parents may collect money at the end of the season for a coach's gift.

Team designated donations may be made to the Shark Fund. Checks should be made out to "The Shark Fund," and the name of the team for which the donation is intended should be written on the memo line of the check.

Some other important things that you should know:

1. At the start of the season, the coach and/or team parent should plan and organize a coach/parent team meeting

a) Create a contact list

The coach can help you put together a contact list of parents and players, including phone numbers and email addresses that you can hand out at the meeting.

b) Publicize the meeting

You should publicize the meeting in advance (i) via email, (ii) in eMHS and (iii) in the Monday Message. (Refer to 6/e School Communication).

c) Create a Roster

The final roster will need to be supplied to the Athletic Director, Chris Neier cneier@smmusd.org and Mary Slawter mslawter@smmusd.org.

2. Important matters to discuss at the coach/parent team meeting

a) Player expectations

The coach should address parents and players about his/her expectations for player and parent conduct and communication, and provide an overview of the season. If a player has a concern about playing time or anything else related to

the team, he/she should speak directly with the coach. Please explain this with the parents if they come to you with concerns.

b) Athletic paperwork

All players are required to have a physical by a physician. They **MUST** complete the Athletic Clearance online. (See attached physical form and Athletic Clearance website documents) The website is www.AthleticClearance.com. They are able to upload the completed physical form through the website or they may turn in the form to Marie Zweig in her training room. *Due to HIPAA restrictions, coaches and team parents are not allowed to collect these forms.* If there are any questions about this, please contact MHS Athletic Director Chris Neier at cneier@smmusd.org or MHS Trainer Marie Zweig at mariezweig@gmail.com. This **MUST** be completed prior to the season in order to practice and play. The coach and team parent must make sure that all players have been cleared. You can obtain a list of outstanding players not cleared by contacting Marie Zweig directly.

c) Spirit pack

Most teams have their players purchase a spirit pack. The spirit pack is a collection of team-related clothing/gear/swag beyond the basic team uniform. *A Spirit Pack is anything a player keeps after the season. It typically includes items such as a t-shirt, sweatshirt, work-out pants or shorts, and sometimes a team backpack.* The coach will provide you the cost of the spirit pack (not to exceed more than \$150/player). Create a team list so you can track spirit pack payments as you receive them. Spirit Packs should be purchased online directly by parents whenever possible. Vendors such as Dick's Sporting Goods or Custom Ink will allow teams to design team wear and set up online shops for parents to purchase directly. If there is an item in the Spirit Pack that needs special ordering, parents can make checks for spirit packs payable to "MHS ABC" If you need to pass the money through the ABC, it is the Team Parent's responsibility to make sure that all players have paid for the Spirit Pack before the ABC will release payment for such items. (See suggested online vendors information attached)

**Scholarships are available for Spirit Packs please see section d) Scholarship for more information.*

d) Sport contribution

The sport contribution is a payment suggested from every MHS athlete. Its purpose is to cover costs such as buses to non-league away games, referees/umpires, etc. The sport contribution is \$200 *per sport played*. It is strongly urged that it be paid **online** at the *ASB Student Store*. If paid by check instead, the check should be payable to "**MHS ASB.**" Please give checks you receive to MHS Athletic Director Chris Neier or ASB accountant Mary Slawter. *Please do not have the parents give the checks to the coach.* Create a list so you can track payments as you receive them. Please encourage parents to pay online to make it simpler for everyone.

How to make Sport contribution payments online:

1. Go to the Malibu High School website at <http://www.malibu.smmusd.org/>

2. Select the "Parent" tab from the drop down menu, then select "MHS Store."
3. Once on the ASB Student store page, you will need to create an account using your child's student identification number. This will create a Username and Password.
4. Log in to the student store with the user name and password.
5. Select "general" from the left side of the page, then "ASB Sport Contribution" (top row); Price: \$200.
6. You will then be asked for billing information, etc.

**Sports Contributions can also be made on the Athletic Clearance Site. If PayPal is used to make the contribution, please note the name of the player and sport that the contribution is being made for.*

e) Scholarship

If a family has a financial hardship, please let the head coach know. The parent of any player who has a financial hardship may email Mary Slawter at mslawter@smmusd.org, or Chris Neier at cneier@smmusd.org and request a scholarship. *There will be no questions asked, and no reason needs to be provided. Please make this clear in your communication with parents.*

3. Uniforms

Uniforms are property of MHS and must be returned to the school at the end of the season. The best way to collect uniforms is for the players to give them to the coach at the last game or banquet. This will cut down on time and effort spent trying to track down and collect uniforms. It is the responsibility of the coach and team parent to make sure the uniforms are returned.

4. Transportation policy

It is important to remind players and parents that the team should travel to and from away games together as a team. This encourages team bonding with players and coaches. If a player does not take the team bus home after an away game, **THE PLAYER MUST BE DRIVING HOME WITH HIS OR HER PARENT(S)**. No one other than a player's parent is allowed to take a player home. After the game, and before leaving, a player must tell the coach he/she is riding with his/her parents. If a parent or legal guardian must transport other team members, they must have completed and submitted the required forms in advance, and follow all school district procedures. The forms can be found on this link <http://www.smmusd.org/RiskMgmt/drivers.html> (see copies attached).

5. Other team parent responsibilities

a) Team Communication

Email parents with (i) a reminder before each team event (game, team dinner, team banquet, etc.), (ii) address/directions to away games, (iii) any change in schedule, or (iv) any information that the head coach would like to get to the parents.

b) Snack bar

Team families are asked to donate all the snack bar items, in order that sales are 100% profit. You will need volunteers for working the snack bar during games. See item # 9 if you would like to sell Sharkwear at your snack shack.

c) Team dinners

A team dinner (or dinners) is a great way for a team to bond. We suggest that team dinners are done the night before your season opener and/or the night before selected home games. These dinners are usually hosted by different families and are potluck style. A few days before the dinner, email families asking who would be willing to bring food or drinks to the dinner, or set up a sign-up schedule ahead of time that covers responsibilities for each team dinners.

d) Team photos

If you would like to get a team photo, you may use and pay for anyone you choose. One option used by many teams is Cynthia Slawter. You can contact Cynthia Slawter at cslawter@smmusd.org. Please reach out to her to determine her availability and cost.

e) School Communication

All information that you would like included in the Monday Message and Daily Bulletin should be emailed to the assistant principal at mandino@smmusd.org, and MHS Athletic Director Chris Neier at cneier@smmusd.org.

f) Athletic Booster Club monthly meetings

ABC's monthly meetings are held on campus on the third Friday of each month. All parents/guardians are welcome to attend these meetings.

g) Senior Day/Night

This is a tradition for teams to honor the graduating seniors before their last home game. Each team has a different manner of doing so. Typically, immediately before the game, the announcer calls each senior by name, and he/she and his/her parents go out onto the field/court/pool deck, where the coach makes a short statement praising the senior and his/her achievements/contributions to the team, and the family has their photo taken. If funds are needed for balloons, flowers, photos, or gifts, you may solicit funds from parents or ask for donations. ABC recommends that senior night be reasonable and inexpensive (for example, a flower for the parents, and a family photo).

**ABC does not contribute any funds towards this event.*

5. End of the season team banquets

At the end of the season, every team has a banquet. The banquet should include the Varsity, JV, and Freshman/Sophomore teams. It is up to the team parents and head coach to plan this event. The price of the event should include the cost of the event, a gift for each of the coaches, and the cost of the coaches' dinners. In the past, teams have had their banquets at locations in Malibu such as Camp Hess Kramer, Malibu Seafood, Dukes, Spruzzos, or have organized a potluck dinner at a family's home or on the beach. If it is not potluck, a system of payment needs to be set up and scholarship options

offered for any family or player that is in need. *ALL players, families and coaches should be invited to a team's banquet, and financial hardship should never prevent anyone from attending a team's banquet.*

**ABC does not pay/reimburse for items such as food, drinks, gifts, decorations and other items for banquets. It is recommended that if there is a cost, it be included in the price of the banquet or requests for donations are made.*

NOTE: *Varsity Letters, certificates, pins are available from the Athletic Director. Coaches should contact Chris Neier in advance of banquet to order.*

6. Recruit parent volunteers

A large part of the success of your team will depend on parents volunteering to help in any way that they can. At your meeting, have a sign-up sheet with volunteer positions that your team needs to fill with parents of players. Your head coach can help determine what kinds of volunteers you will need.

a) Team photographer

At the start of the season, try to find a parent who is good with a camera and is willing to take photos of the players during games throughout the season. It would be great if photos could be sent weekly to the local newspapers and the Malibu Patch, and used for a DVD photo montage (aka "slide show") to be shown at the team banquet. It is also a great idea to set up a share site such as Shutterfly.

**Don't forget to call the local papers and ask them to come out to cover games and interview the players.*

b) Home game campus awareness

Early morning on game days, have parents or players put up signs on campus announcing the game later that day.

c) Tickets sales

Some sports charge an entry fee for games. You will need parent volunteers for tickets sales on site before games.

d) Cheerleaders

A parent should contact the MHS Cheer Coach Angie Hansberry, to ask if the cheerleaders can come out to cheer at the opening season home game and throughout the season. Her email address is ahansberry@smmusd.org.

7. Team Budgets

Every year, the ABC offers each team a budget for items needed for practice and games such as balls, nets, whistles, whiteboards, cones, scorebooks etc. You will be notified of your available budget at the beginning of your season.

a) Items needed can be ordered on the Malibu High web site. Click on Athletics, then Athletic Booster Club – Purchase Order Request

b) Once the items have been received and are satisfactory, please email the ABC Treasure that the invoice is ok to pay.

**Uniforms are provided by the ABC. Please check with the ABC Team Sport Liaison for your team's schedule.*

8. Christmas Tree Lot

The ABC hosts the Tree Lot every year. This is one of our largest fundraisers that allows us to provide a budget for each team as noted above. The Tree Lot opens every year the Saturday after Thanksgiving and is open until we sell out of trees.

- a. The coach and team parent will be required to schedule team members to help work the Tree Lot. The ABC will send out a notice asking for volunteers. Please make sure you help support the Tree Lot, it is a great team bonding activity!

9. Sharkwear

Sharkwear is available to buy at the Student Store on campus. If you would like to sell Sharkwear at your game or snack shack, please contact the team liaison for more information.

If you have any questions about the ABC or items in this manual, please contact the ABC President or the Team Liaison.

Rachael Spivack - ABC President rcspivack@gmail.com

Ros Armitage – Team Liaison rjarmitage@mac.com

Malibu High School

ONLINE ATHLETIC CLEARANCE



1. Visit www.AthleticClearance.com
2. Watch quick tutorial video
3. **Register.** Parents register with valid email username and password. You will be asked to type in a code to verify you are human. If this step is skipped your account will not activate.
4. Login
5. Select "**New Clearance**" to start the process.
6. Choose the School Year in which the student plans to participate. *Example: Football in Sept 2016 would be the 2016-2017 School Year.*
Choose the School at which the student attends and will compete for.
Choose Sport
7. Complete all required fields for Student Information, Educational History, Medical History and Signature Forms.
8. Please pay for the sport contribution. This contribution ensures the students will have buses and officials for games.
9. Once you reach the **Confirmation Message** you have completed the process.
10. If you would like to register for additional sports/activities you may check off those sports below the Confirmation Message. Electronic signatures will be applied to the additional sports/activities.
11. All of this data will be electronically filed with your school's athletic department for **review**. When the student has been **cleared for participation**, an email notification will be sent.

Online Athletic Clearance FAQ

Multiple Sports

Once you complete a clearance for one sport and arrive at the Confirmation Message, you will have the option to check off additional sports/activities for the current school year.

If you decide to participate in an additional sport/activity later on, you can access the multiple sport check boxes by clicking on the "Confirmation Message" of your original Clearance for that specific year.

Physicals

The physical form can be downloaded on Step #1 or Student Info at the bottom of the web page. We prefer that physical form be uploaded online (done by uploading the completed form on Step #1), but we will accept a hard copy if handed into the athletic department.

Preparticipation Physical Examination Form

(Please type or print)

Student's Name _____ Birth Date _____ Sex _____ Grade _____

City _____ School _____ Place of Birth _____

Student's Address _____

Street _____ City _____ Zip _____ Telephone _____

Parent(s) or Guardian(s) Name _____

Address (if different than student) _____

Street _____ City _____ Zip _____ Telephone _____

Family Physician's Name, Address, Telephone _____

History

This section is to be carefully completed by the student and his/her parent(s) or legal guardian(s) before participation in interscholastic athletics in order to help detect possible risks.

Explain "YES" answers below. Circle questions you don't know the answer to.

1. Have you had a medical illness or injury since your last checkup or sports physical?
Do you have an ongoing or chronic illness?
2. Have you ever been hospitalized overnight?
Have you ever had surgery?
3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?
Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?
4. Do you think you are in good health?
5. Do you have any allergies (for example, to pollen, medicine, food, or stinging insect)?
6. Have you ever had a rash or hives develop during or after exercise?
Have you ever passed out during or after exercise?
Have you ever been dizzy during or after exercise?
Have you ever had chest pain during or after exercise?
Do you get tired more quickly than your friends do during exercise?
Have you ever had racing of your heart or skipped heartbeats?
Have you had high blood pressure or high cholesterol?
Have you ever been told you have a heart murmur?
Has any family member or relative died of heart problems or of sudden death before age 50?
Is there a family history of heart problems in a close relative younger than age 50 (examples are enlarged heart, cardiomyopathy, long QT interval, abnormal EKG, abnormal heart rhythm)?
Have you had a severe heart infection (for example, myocarditis or pericarditis)?
Is there a family history of Marfan's Syndrome?
Has a physician ever denied or restricted your participation in sports for any heart problem?
7. Have you ever had a severe viral infection within the last month (for example, mononucleosis)?
8. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus or blisters)?
9. Have you ever had a head injury or concussion?
Have you ever been knocked out, become unconscious or lost your memory?
Have you ever had a seizure?
Do you have frequent or severe headaches?
Have you ever had numbness or tingling in your arms, hands, legs or feet?
Have you ever had a stinger, burner or pinched nerve?

Yes No

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10. Have you ever become ill from exercising in the heat?

Yes No

☐ ☐

11. Do you cough, wheeze or have trouble breathing during or after activity?

☐ ☐

Do you have asthma?

☐ ☐

Do you have seasonal allergies that require medical treatment?

☐ ☐

12. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?

☐ ☐

13. Have you had any problems with your eyes or vision?

☐ ☐

Do you wear glasses, contacts or protective eyewear?

☐ ☐

14. Have you ever had a sprain, strain or swelling after injury?

☐ ☐

Have you broken or fractured any bones or dislocated any joints?

☐ ☐

Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?

☐ ☐

If yes, check the appropriate box and explain below.

☐ Head ☐ Upper Arm ☐ Hand ☐ Knee
☐ Neck ☐ Elbow ☐ Finger ☐ Shin/calf
☐ Back ☐ Forearm ☐ Hip ☐ Ankle
☐ Chest ☐ Wrist ☐ Thigh ☐ Foot
☐ Shoulder

15. Do you want to weigh more or less than you do now?

☐ ☐

Do you lose weight regularly to meet weight requirements for your sport?

☐ ☐

16. Do you feel stressed out?

☐ ☐

17. Record the dates of your most recent immunizations (shots) for:

Tetanus _____ Measles _____
Hepatitis B _____ Chickenpox _____

18. FEMALES ONLY

When was your first menstrual period? _____

When was your most recent menstrual period? _____

How much time do you usually have from the start of one period to the start of another? _____

How many periods have you had in the last year? _____

What was the longest time between periods in the last year? _____

19. ALL PARTICIPANTS

Explain "Yes" answers here: _____

NOTE: CONSENT AND HIPAA RELEASE FORMS THAT MUST BE SIGNED BY BOTH THE PARENT AND THE STUDENT ARE ON A SEPARATE SHEET.

NOTE: History and All Consent Forms Must be Completed Prior to Physical Examination

Modified from the form approved by the American Academy of Family Physicians, the American Academy of Pediatrics, the American Medical Society for Sports Medicine, the American Orthopedic Society for Sports Medicine and the American Osteopathic Academy of Sports Medicine.

Physical Examination

(Please type or print)

Student's Name _____ Birth Date _____
 Last First Middle

Height _____ Weight _____ % Body Fat (optional) _____ Pulse _____ BP _____ / _____

Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

Normal

Abnormal Findings

Initials*

MEDICAL

Eyes/Ears/Nose/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitalia (males only)		
Skin		

MUSCULOSKELETAL

Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

*Station-based examination only

Clearance

☐ Cleared

☐ Cleared after completing evaluation/rehabilitation for: _____

☐ Not cleared for: _____ Reason: _____

Recommendations: _____

I certify that I have on this date examined this student and that, on the basis of the examination requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities (Note exceptions above).

Physician's Name and Address (stamp or print)

If the Physician's Assistant (P.A.) or Advanced Nurse Practitioner (A.N.P.) performed the exam, name and address of collaborating physician or physician group:

Examiner's Signature

Date

Examiner's Telephone Number

NOTE: History and Consent Must be Completed Prior to Physical Examination



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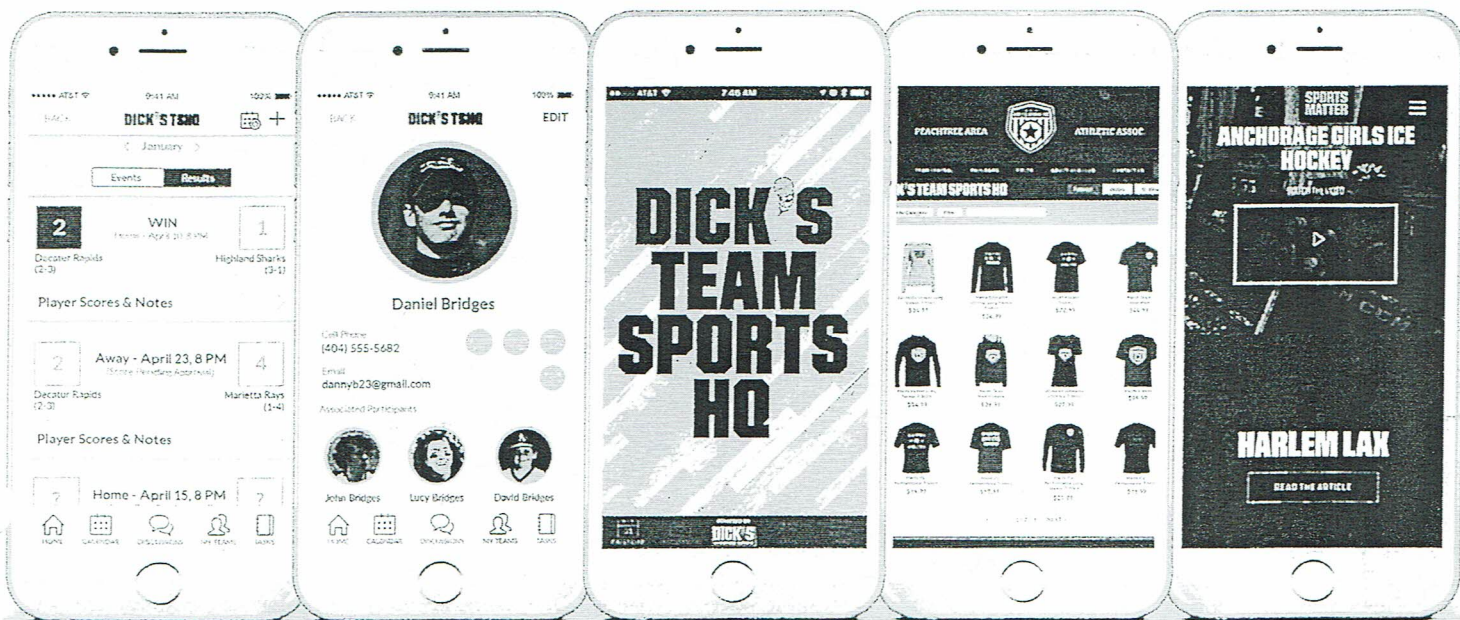
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SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT

RULES FOR USING VOLUNTEER DRIVERS

1. As stipulated in Board Policy 3541.1 "The principal or designee may authorize the transportation of students by private vehicle for approved field trips or school-related activities when the student-group participating in the activity **does not exceed 20 students**. Groups of 20 or more students are required to use school district-approved transportation."
2. Only individuals approved as Level II volunteer qualify for registration as volunteer drivers.
3. The approval process for a volunteer driver as stated below must be completed initially and annually thereafter for all drivers.
4. The registration form and accompanying documentation must be kept on file at the school for a minimum of two years from the date of registration.
5. The PARENT/GUARDIAN PERMISSION FOR TRANSPORTING STUDENT IN PRIVATE VEHICLE form must be completed and signed by the parent/guardian prior to using private transportation.

VOLUNTEER DRIVER APPROVAL PROCESS

Important: This process, in its entirety, must be completed for all prospective volunteer drivers and annually for all current volunteers who will drive students on school approved trips.

1. **REGISTRATION:** A School Driver Registration Form must be completed and kept on file at the school.
2. **PROOF OF INSURANCE:** A copy of the declaration page for the driver's insurance policy showing limits of insurance must be provided to the school, reviewed for acceptable limits and kept on file with the registration form. A driver must possess for the vehicle being driven at least \$300,000 per occurrence, combined single limit of automobile liability coverage, property damage coverage of \$10,000 and passenger medical coverage of \$5,000 per passenger.
3. **DRIVER'S LICENSE:** A copy of a valid driver's license should be obtained and kept on file.
4. **MVR CHECK:** Complete the Motor Vehicle Record (MVR) Request Form and fax direct to ASCIP. Be sure to write the name of your school on the form. Risk Mgmt. will review the MVR and notify the school administration as to the acceptance of the record. You should allow for a minimum of five business days for a response to a submission. A volunteer must not be allowed to drive on district business prior to notification of an acceptable record.
5. **DRIVER INSTRUCTIONS:** The driver must be given a copy of the Volunteer School Driver Instructions at the time of registration.

SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT

VOLUNTEER SCHOOL DRIVER INSTRUCTIONS

DRIVER INSTRUCTIONS

When using your vehicle to transport students on field trips or other school activity trips:

1. Be sure that you have registered with the district for such purposes and have a valid driver's license and current automobile insurance at or above the minimum amount required by district policy.
2. A volunteer driver may not, under any circumstances, use a wireless telephone or texting device while operating a vehicle for the transport of students.
3. Check the safety of your vehicle: tires, brakes, lights, horn, suspension, etc.
4. Carry only the number of passengers for which your vehicle was designed. If you have a pickup truck, carry only as many as can safely sit in the passenger compartment.
5. Require each passenger to use an appropriate child passenger restraint system (child car seat or booster seat) or safety belt in accordance with the law.
5. Do not smoke a pipe, cigar, or cigarette while there are minors in the vehicle, as required by law.
6. Obey all traffic laws.
7. Take the most direct route to and from the destination or event without unnecessary stops.

In case of emergency, keep all students together and call 911 and the district office at (310) 450-8338.

School Year _____

SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT
SCHOOL DRIVER REGISTRATION FORM

DRIVER INFORMATION: (print) PLEASE CHECK: Employee ☐ Parent ☐ Volunteer ☐

Name: _____ Phone No.: () _____

Address: _____
Street City State Zip Code

Driver's License No.: _____ Expiration Date: _____ Birth Date: _____

Please attach a current copy of your Driver's License.

VEHICLE INFORMATION: (print)

Make: _____ Year: _____ License No.: _____

Registered Owner: _____ Seating Capacity: _____

Address: _____
Street City State Zip Code

Vehicle License No.: _____ Registration Expiration Date: _____

INSURANCE INFORMATION: (print)

Insurance Carrier: _____ Phone No.: () _____

Policy No: _____ Expiration Date: _____

Please attach a current copy of your policy Declaration Page showing the limits of insurance.

Board Policy requires that a volunteer driver possess automobile insurance coverage with at least \$300,000 of liability coverage per occurrence, combined single limit and property damage coverage of \$10,000 and passenger medical coverage of \$5,000 per passenger.

DRIVER STATEMENT

I certify that I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years and that the information given above is true and correct. I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages.

I certify that I have received and will abide by the driver instructions provided by the district. I agree not to accept a volunteer driving assignment should my driver's license be revoked or suspended or if my automobile insurance fails to meet District requirements.

(Signature)

(Date)

(Print Name)

Name of Verifying School Staff

SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT
PARENT/GUARDIAN PERMISSION FOR TRANSPORTING STUDENT IN PRIVATE VEHICLE

Date: _____ School: _____ Student: _____

Dear Parent/Guardian:

Your son/daughter is scheduled to participate in a special off-campus activity, approved by the School District and supervised by school personnel.

Type of Activity: _____ Location: _____

Date/Time of Departure: _____ Date/Time of Return: _____

A school district approved field trip/school activity is scheduled as indicated. **A private vehicle driven by a volunteer driver will be used to transport your child to and from this activity.** In event of a motor vehicle accident, the insurance coverage for this vehicle shall bear primary responsibility for any loss or claims for damages.

I understand that my child will be transported by private vehicle and give my permission for my child to participate in this field trip/school activity.

Parent/Guardian – Print Name

Parent/Guardian – Signature

Date

SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT
PERMISO DE PADRE/GUARDIAN PARA TRANSPORTAR ESTUDIANTE EN VEHICULO PRIVADO

Fecha: _____ Escuela: _____ Estudiante _____

Estimado Padre/Guadián:

Su hijo/hija esta programado para participar en una actividad especial fuera del campus, aprobado por el Distrito Escolar y supervisado por el personal de la escuela.

Tipo de Actividad: _____ Lugar: _____

Fecha/Hora de Salida: _____ Fecha/Hora de Regreso: _____

Una viaje de estudio/actividad escolar aprobada por el distrito escolar está programada como es indicado. **Un vehículo privado será conducido por un voluntario para transportar de ida y vuelta a su hijo/a a esta actividad.** En el acontecimiento de un accidente de automóvil, la cobertura de seguro para este vehículo se hará cargo de la responsabilidad principal de cualquier pérdida o reclamos por daños.

Entiendo que mi hijo/a será transportado por vehículo privado y doy mi permiso para que mi hijo/a participe en este viaje de estudio/actividad escolar.

Padre/Guadián –Nombre en Letra de Molde

Padre/Guadián- Firma

Fecha

**ALLIANCE OF SCHOOLS FOR COOPERATIVE INSURANCE PROGRAMS
(ASCIP)**

MOTOR VEHICLE RECORDS REQUEST (MVR)

DATE: _____

FROM: _____

SCHOOL: _____

District: SMMUSD

TO: ASCIP
16650 Bloomfield Ave.
Cerritos, CA 90703
Phone: (562) 404-8029
Fax: (562) 404-8038

Requested By: Gary Bradbury, Risk Mgmt.

Phone: 310-450-8338 x 70310

Fax: 310-452-3468

PLEASE OBTAIN MVR'S ON THE FOLLOWING INDIVIDUALS:

(Type Or Print Clearly)

Name (Last, First M.I.)	Date Of Birth	Driver's License Number	State

THIS INFORMATION IS NEEDED BY: _____ **Thank you.**

Please fax or mail this form