

LOS GATOS-SARATOGA HIGH SCHOOL DISTRICT  
FIELD AND ACTIVITY TRIP PRIVATE CAR TRAVEL CHECK

I, \_\_\_\_\_ will be using the automobile described below to  
Transport students to BOYS VOLLEYBALL for SPRING 2006  
Activity/Sport Event/Season

Check box if Requirement is Satisfied

VEHICLE MAKE _____
YEAR & MODEL _____
VEHICLE LICENSE NUMBER _____

Valid Drivers License	_____	_____	<input type="checkbox"/>
Drivers License Number	Expiration Date		

Proof of Insurance (Must be in Automobile)			
_____	_____	_____	<input type="checkbox"/>
Insurance Company	Policy Number	Expiration Date	
MINIMUM COVERAGE: \$5,000 medical \$300,000 per occurrence- bodily injury/property damage insurance Private coverage will be primary			

Safety Check (self-check)			
The following have been inspected and are in safe working condition:			<input type="checkbox"/>
Tires _____	Brakes _____	Lights _____	Turn Signals _____

Seat Belts	
A seat belt is available for each passenger. Each passenger will be required to wear a seat belt.	<input type="checkbox"/>

Driving Record	
I certify that I have not had a moving violation or had my license suspended during the last three (3) years.	<input type="checkbox"/>

Date \_\_\_\_\_

Signed \_\_\_\_\_

I am the registered owner of the described vehicle on this form and I authorize the driver whose name appears above to use this vehicle to transport him/herself and students. I certify that the information provided above is correct. I understand that my insurance, as described above, provides primary coverage.

Date \_\_\_\_\_ Signed \_\_\_\_\_  
Owner of Vehicle

**LOS GATOS-SARATOGA HIGH SCHOOL  
DISTRICT  
MEDICAL RELEASE SLIP**

I hereby release \_\_\_\_\_  
(Student Name)

My \_\_\_\_\_  
(Son/daughter/other)

To *Louisa Scoggins or Boys volleyball Coach(es)*  
(Faculty member in charge)

in case medical assistance is required on the *Volleyball courts or any school field trips  
for boys volleyball 2006* field and activity trip

between *January 23<sup>rd</sup> 2006* and *May 18<sup>th</sup> 2006*

**Note: All parents and guardians must sign this form.**

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Parent of Guardian Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

**LOS GATOS-SARATOGA HIGH SCHOOL DISTRICT  
MEDICAL INFORMATION**

STUDENTS NAME \_\_\_\_\_

I, the undersigned parent, or legal guardian of the above named student, consent in advance to whatever medical treatment or procedures might be necessary for my son/daughter in case of injury or illness during the **BOYS VOLLEYBALL SEASON 2006** field and or activity trip. Such treatment may include, but is not limited to anesthesia, x-ray examination, and medical or surgical diagnostic procedures, and shall be in the best judgment of the attending physician. I understand that every reasonable effort will be made to reach me in the case of serious illness or injury.

I recognize the problems, risks and danger inherent to such a field and activity trip but believe that the above names student is able to safely participate in the described trip with the following restrictions on activities, food etc:

No Restrictions

List any restrictions here:  
\_\_\_\_\_

If any medications or drugs are to be taken by the student list them here:

(Name of drug, and reason) \_\_\_\_\_  
\_\_\_\_\_

Any special medical problems or instructions should be clearly explained on the back of this sheet and signed by the parent.

Check here if there are NO special medical problems that the staff should be aware of.

All drugs excepting those which must be kept on the student's possession for emergency use; MUST be kept and distributed by the staff. ALL drugs must be registered on this form.

COMMENTS \_\_\_\_\_  
\_\_\_\_\_

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Parent signature \_\_\_\_\_ telephone number \_\_\_\_\_ date \_\_\_\_\_

Emergency Name/telephone number \_\_\_\_\_

Medical Insurance Coverage \_\_\_\_\_

Emergency Name/telephone Number \_\_\_\_\_

Policy Number \_\_\_\_\_

\*\*\*Please notify \_\_\_\_\_ (person in charge) of any changes in the health or medical information provided on this form or any other pertinent health or medical information. Please do so IN WRITING, SIGNED, as soon as possible.

LOS GATOS-SARATOGA JOINT UNION  
HIGH SCHOOL DISTRICT  
STUDENT BEHAVIOR AGREEMENT

All field and activity trips have certain inherent problems and dangers involved which make cooperation, responsibility, and good behavior mandatory for the good of all involved.

The field and activity trip to: **Boys Volleyball Matches and Tournaments Spring 2006**

Scheduled for (dates): **3/11, 3/16, 3/18, 3/23, 3/25, 3/30, 4/6, 4/13, 4/18, 4/27, 4/22, 4/29, 5/4 CCS Events: May 11, 13, 16, 18 plus any other added matches or tournaments, parents will be notified.**

Is a privilege and the students are considered in school during the course of the trip and are acting as representatives of the school to the general public.

All California Education Code, Board Policy and District Guidelines for Discipline will be in effect.

Any student possessing liquor or other drugs (excepting medications as listed on the Medical Information Form) may be sent home as parent's expense and the student may be dropped from his/her **BOYS VOLLEYBALL (SPORT)** class(es) or activity.

I have read, understand, and acknowledge the above statements and realize the potential consequences and agree to cooperate with all personnel involved in the field and activity trip.

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Student Signature

Date

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Parent/Guardian Signature

(This form must be signed by student and parent.)

**LOS GATOS-SARATOGA HIGH SCHOOL DISTRICT  
FIELD AND ACTIVITY TRIP PERMIT**

**LOS GATOS HIGH**

School

Group or Class  **BOYS VOLLEYBALL 2006 (SPORT)**

Destination:  **BOYS VOLLEYBALL TOURNAMENTS & MATCHES**

Date(s) of Activity:  **3/11, 3/16, 3/18, 3/23, 3/25, 3/30, 4/6, 4/13, 4/18, 4/27, 4/29, 5/4 CCS Events: May 11, 13, 16, 18 plus any other added matches or tournament, parents will be notified.**

Sponsors Name  **LOUISA SCOGGINS OR JV OR VARSITY COACH(ES)**

Time of Departure  **PRIOR TO MATCHES OR TOURNAMENTS**  SEE ABOVE DATES \_\_\_\_\_

Type of Transportation  **AUTOMOBILE**

I hereby grant permission for \_\_\_\_\_

To attend the above described field and activity trip. I am aware that the medical emergency forms submitted in August of this school year serve as the emergency forms and I have updated this information prior to departure. (Call Los Gatos High School: 408/354-2520 or Saratoga High School: 408/867-3411 to update information)

In case of required medical assistance or treatment, I release my student to the staff member or designee in charge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Business Phone



**LOS GATOS-SARATOGA HIGH SCHOOL DISTRICT  
AGREEMENT WITH AND RELEASE OF LIABILITY  
(Student over the age of 18)**

I, the undersigned certify that I am over the age of 18 years and I desire to participate in **BOYS VOLLEYBALL 2006** (field and activity trip).

In consideration of the benefits provided by the School District, I hereby agree that neither I, my successors, assigns, nor anyone acting on my behalf will make a claim against or sue the School District, its officers, agents, employees, or volunteers for injury or damage resulting from the condition of any facility, or the negligence, carelessness or other acts howsoever caused by the School District or any of its officers, agents, or volunteers as a result of my participation on the class, event, or activity set forth above.

In addition, I hereby release the School District, its officers, agents, employees and volunteers from all claims or lawsuits that I, my successors, assigns, or anyone acting on my behalf may now have or may hereafter at any time have for injury or damage: (1) resulting from the dangerous or other condition of any School District facility or property; (2) suffered by me while participating in or traveling to and from the class event, sport or activity set forth above; or (3) suffered by me in any other activity associated with the class event, sport or activity.

I agree that the School District makes no representations or warranties as the repair or condition of the property of facilities which I will be using, and I take such property and facilities "as is". I further agree that it shall be my obligation, not the School District's, to assure that the property and facilities are in proper and safe condition for the purpose anticipated herein; and that it shall be my obligation and duty, and not the School District's to inspect such property and facilities before they are used and to take affirmative steps to repair, or where necessary, warn, in order to prevent injury to person or property.

Pursuant to California Education Code Section 35330(d), I hereby waive all claims against the School District or the State of California for injury, accident, illness or death occurring during or by reason of the class, event, sport or activity set forth above.

I carefully read this Agreement and fully understand  
Its contents. I am aware that this is a release of liability  
And a legally binding contract between the School District  
And me, and I sign it of my own free will.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date