

APPENDIX I

Volunteer Driver Form

Date:

Name of Driver:

Address:

Driver's License #:

State Issued:

Year, Make & Model of Vehicle:

Insurance Company's Name:

Liability Limits:

(Minimum Limits of \$100,000/\$300,000 Required)

Agent's Name: In order to provide for the safety of our students or other members of the parish and those we serve, we must ask each volunteer driver to list all accidents or moving violations they have had in the last three years:

None

Please be aware that as a volunteer driver, your insurance is primary.
Thank you for helping us with our transportation needs.

Volunteer Driver Church/School Representative

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APPENDIX J

Release Form

(Title of Event) **SGGS SOCCER/BASKETBALL**

(Parish Name) **SGGS**_____

YOUTH Registration Form

YOUTH INFORMATION

First Name:

Last Name: FAJARDO

Grade: 7

Home Phone:

Cell Phone:

DOB: Gender:

Emergency Contact:

Emergency Contact Number:

Parish St Gregory the Great;

Group Leader: _____

PARENT / GUARDIAN INFORMATION

Name:

Cell Phone:

Email:

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