



PARENT/DRIVER INSURANCE VERIFICATION FORM

(Please attach a copy of your current insurance card with this form.)

Name of Parent/Driver _____
LAST FIRST MIDDLE INITIAL

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Driver's License # _____ Make of Vehicle _____

Model _____ # of Seat Belts _____

Insurance Company _____

Policy Number _____ Expiration Date _____

The Rock Academy Field Trip drivers are required to carry minimum liability insurance of a combined single limit of \$300,000 bodily injury and property damage (referred to as 100/300) plus uninsured motorist coverage.

Liability \$ _____ Property Damage \$ _____

Medical \$ _____ Uninsured Motorist \$ _____

I understand that as the registered owner of the vehicle, the primary responsibility for all legal and insurance issues arising from the use of my vehicle on the behalf of the school rests entirely with me. I understand that the school's liability insurance covers only registered Rock Academy students on a school-sponsored activity, and is secondary to my personal auto and liability insurance.

PARENT/DRIVER SIGNATURE

DATE

PRINT NAME

By law, the number of people in the vehicle cannot exceed that the number of seats and seat belts.

SEAT BELTS MUST BE USED BY EVERYONE IN THE VEHICLE – NO EXCEPTIONS.

Rock Academy

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