

Dear Parent of Robotics Student:

Thank you for your donation of time to drive students to team events this school year.

The following items must be turned in to Mr. Parr in order to transport students:

1. Private Vehicle Transportation Form (attached)
2. Copy of Current Insurance Coverage Limitations and must include the following minimum coverage:
 - a. Bodily Injury at 100,000/300,000 per accident
 - b. Property Damage at 50,000per accident
 - c. Medical Payments at 5000 per individual
3. Copy of Driver's License

If both parents will drive, a form needs to be filled out by each parent and signed, accompanied by a copy of proof of insurance and driver's license. Please email or call with any questions.

Thanks again for your support!

Robotics Club and District Policy on Field Trip Drivers

Individuals who transport students on field trips shall be declared guests and the following procedures shall be implemented:

- a) Guests transporting students on field trips shall register their driver's license and automobile insurance policy with the District and Robotics Club.
- b) The one seatbelt per passenger rule shall be enforced.
- c) Students shall not be allowed to ride in the front seat with guest drivers, unless the student is the child of the guest driver. Level II cleared volunteers may have a student other than their child in the front seat.
- d) Drivers will be required to depart, travel, arrive, and return as a caravan whenever possible and except where it has been declared too dangerous to travel as a caravan, and then require guest drivers to follow in close proximity.
- e) Drivers shall not use cell phones while transporting students.
- f) Smoking is not allowed while you are transporting students. Refrain from smoking in front of students at activities and events.
- g) Two adults shall be assigned to a group of students, whenever possible.

POWAY UNIFIED SCHOOL DISTRICT

VOLUNTEER CODE OF CONDUCT

In my role as a Poway Unified School District volunteer, I agree to abide by the following code of volunteer conduct:

1. Immediately upon arrival, I will sign in at the principal's office or the designated sign-in station.
2. I will wear or show a volunteer identification whenever required by the school to do so.
3. I will use only adult bathroom facilities.
4. I agree to never be alone with individual students without the authorization of teachers and/or school authorities.
5. I will not solicit outside contact with students or give gifts or cards to students without administrative approval.
6. I will exchange home directory information only with parental and administrative approval and only if it is required as part of my role as a volunteer. I agree not to exchange telephone numbers, home address, e-mail addresses or other home directory information with students for any other purpose.
7. I will maintain confidentiality outside of school and will share any concerns that I may have with teachers and school administrators.
8. I agree to not transport students without the written permission of parents or guardians or without the expressed permission of the school or district.
9. I will not disclose, use, or disseminate student photographs or personal information about students or others.
10. I agree not to post, transmit, publish, or display harmful or inappropriate matter that is threatening, obscene, disruptive or sexually explicit or that could be construed as any form of harassment.
11. I agree only to do what is in the best personal and educational interest of every child with whom I come into contact.
12. Under Penal Code 290.95 I am required to disclose to school officials if I am a registered sex offender. My failure to disclose this fact could result in my arrest, prosecution, and likely fine and imprisonment. By placing my name below, I declare under penalty of perjury, that I am not required pursuant to Penal Code 290.95 to disclose to school officials that I am a registered sex offender, and that I have not suffered convictions for sex or drug related offenses or for crimes of violence, and there are no criminal charges pending against me.

I agree to follow the District Volunteer Code of Conduct at all times in my role as a Poway Unified School District volunteer or cease volunteering immediately.

Name - Printed

Signature of Volunteer

Date

**PRIVATE VEHICLE TRANSPORTATION FOR STUDENTS
OFF-SITE STUDY EXPERIENCE**

Dear Parent,

The following student off-site study experience is scheduled for our school:

PURPOSE OF TRIP Robotics		DESTINATION TBD
DATE OF TRIP TBD	TIME OF DEPARTURE TBD	TIME OF RETURN TBD

Please fill in, sign, and return the lower portion of this form, including your availability to assist in transporting pupils to this educational experience.

Staff Signature

REQUIREMENTS AND LIMITATIONS

- **INSURANCE** (minimum requirements)
 Public Liability Bodily Injury..... 100,000/300,000 per accident
 Property Damage.....50,000 per accident
 Medical Payments5,000 per individual

 - **FINANCIAL CHARGE**
 No financial charge to the District shall be made for pupil transportation by private vehicle.

 - **PASSENGERS** (limitations)
 The number of passengers to be transported in any one vehicle shall not be more than the legally permissible number for the vehicle and in all cases no more than nine. The number of passengers is limited by the number of seat belts. All passengers must be secured in an appropriate child restraint (safety seat or booster seat) in the back seat of a vehicle until they are at least 8 years old or 4'9" in height (VC 27360).
1. I have read and understand the above requirements and limitations. I meet the minimum insurance requirements, and I realize that no financial charges shall be made to the District for pupil transportation which I provide.
 2. I am aware of the liability immunity provisions of Education Code 35330 which states in part: "All persons making the field trip or excursion shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion."
 3. I recognize that my insurance carrier will have primary liability in case of an accident. The necessary policy information is as follows:

NAME OF INSURANCE CARRIER	POLICY NUMBER	EXPIRATION DATE
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4. Transportation provided by the date indicated will accommodate _____ number of passengers. The vehicle will be driven by the following named adult:

NAME OF DRIVER	LICENSE NUMBER	EXPIRATION DATE
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5. I certify that I have a valid, non-restricted California Drivers' license.

SIGNATURE	DATE
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NOTE: This signed statement must be filed with the school's principal before the trip and kept for at least one year following the conclusion of the trip.

Poway Unified School District

ASSUMPTION OF POTENTIAL RISK AND RELEASE OF LIABILITY
AGREEMENT FOR VOLUNTARY ACTIVITY

Cocurricular

Extracurricular

Club

ROP

On Campus

Off Campus

Education Code 35330 provides that any person attending a field trip or excursion must waive all claims against the school district and the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. Accordingly, I hereby waive all claims, which I may have against the Poway Unified School District, its officers, agents, and employees for injury, accident, illness, or death occurring during or by reason of the activity described below.

INSTRUCTIONS: THIS FORM IS INTENDED FOR TRIP PARTICIPANTS OTHER THAN PUSD EMPLOYEES, INCLUDING STUDENTS, PARENTS, AND APPROVED GUESTS.

X I, (Participant's Full Name) _____, have voluntarily decided to allow my child/or myself to participate in the activity or activities shown below:

Description of activity: See Robotics calendar for dates and times of events at
www.teamspyder.org
Date(s) of activity: _____ Time of Activity: _____ A.M. to _____ P.M.
 P.M. to _____ P.M.

Location: _____

Name of Sponsoring School or Club: Robotics

If activity is off campus, transportation will be by: School Bus Charter Bus Private Auto Walking Airline Other _____
District policy states that students are not allowed to transport other students to or from activities.

1. **Acknowledgement of Voluntary Participation.** I, and/or participant, understand and acknowledge that my child's or my participation is NOT required by the School District, and that I voluntarily authorize participation in the above activity.

2. **Assumption of Risk.** I, and/or participant, understand and acknowledge that in order to participate in this activity I agree to assume liability and responsibility for any and all potential risks that may be associated with my participation therein.

The activity or activities may be physically demanding, and despite reasonable precautions taken by the School or District, or any of their officers, agents, or employees, to protect the participant, there are certain risks of personal injury and/or illness inherent in the activity, and that these may include but not be limited to:

- Sprains/strains
- Head, face, or dental injuries
- Other: _____
- Communicable diseases
- Loss of eyesight
- Fractured bones
- Paralysis
- Unconsciousness
- Disability or death

I, and/or participant, hereby acknowledge my intention to assume all risks stated above, including others not shown that may arise in connection with the activity.

3. **Release From Liability.** I, and/or participant, hereby voluntarily release, discharge, waive and relinquish any and all claims or causes of action against Poway Unified School District, its officers, agents, and employees for all losses, including personal injury or illness, temporary or permanent, wrongful death, property damage or disappearance, or expenses of any kind, that may arise from participant's engagement in, or activities related to the subject event(s), except where the primary cause of the loss is determined to be the gross negligence of the District, or any of its officers, agents, or employees.

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING INFORMATION AND AM FULLY AWARE OF THE EFFECT OF SIGNING THIS AGREEMENT.

Medical Authorization: In the event of an accident or sudden illness, the school district has my permission to render whatever emergency medical treatment might be deemed necessary for my child.

X _____ () _____
Date Signature of Parent or Adult Participant Home Phone Number

_____ () _____
Work or Cell Number

X _____
Date Signature of Student (if over 18 years of age)