



Parent Transportation Form

This form is to be completed in advance by any PMA parent/guardian that will transport students to/from an event. It must be submitted to an administrator at least 24 hours in advance of the event.

NAME: _____ D.L. #: _____

EMAIL: _____ CELL #: _____

INSURANCE CARRIER: _____ POLICY #: _____

VEHICLE MAKE: _____ MODEL: _____

LICENSE PLATE #: _____

Attach a copy of your Insurance Declaration form and a copy of your California Driver's License.

I give permission to PMA to request a copy of my driving record through the California State Department of Motor Vehicles. I acknowledge that any damage to my vehicle must be covered by my personal insurance. I will not hold PMA liable for such damage.

SIGNATURE: _____ DATE: _____