

CAMPUS RECREATION

Sport Club: _____

I, _____ (print name), the undersigned, as driver of a vehicle for the above mentioned club, acknowledge my responsibility for the safety of the people riding with me. I will make every effort to drive within the law and always drive with discretion. I understand the university provides NO INSURANCE coverage for my travel or for the passengers in my vehicle. It is my responsibility to have current, up-to-date insurance to cover any accidents that may occur while traveling.

PeopleSoft # Make & Model of Vehicle Phone #

Driver License # State Expiration Date Street Address

Auto Insurance Company Policy # City and Zip Code

Do you have any Driving restrictions? Yes No

Have you been convicted of driving under the influence of alcohol within the last 4 years? Yes No

Have you been convicted of reckless Driving within the last 4 years? Yes No

Driver's License Expiration Date: _____ Auto Insurance Card Expiration Date: _____

****Copy of Driver's License and auto insurance card must be attached to this sheet. Please note that an auto insurance card is different than your vehicle registration card****

Driver Signature Date

<i>Office Use Only</i>	
Authorized for Travel? Y or N If no, why: _____	
Date Received: _____	Date License Received: _____
Driving Record? Y or N	
Received By: _____	Date Insurance Received: _____

_____ Points Awarded	Y or N Updated	_____ Initials
-------------------------	-------------------	-------------------