STUDENT TRAVEL INFORMATION - SPRING 2010

NAME: _____

HOME ADDRESS: _____

_____

_____

MY BIRTHDAY (month, day,year): _____

(If under 18 years of age, parent or legal guardian must sign travel consent and waiver form)

EMERGENCY CONTACT PERSON'S NAME: _____

EMERGENCY CONTACT PHONE #: _____

BACKUP EMERGENCY CONTACT PERSON: _____

BACKUP EMERGENCY PERSON PHONE #: _____

I have health insurance: YES / NO

(If no, student must sign waiver form)

My health insurance provider is: _____

Health insurance member #/ID: _____

I have a vehicle: YES / NO

I have car insurance: YES / NO

(If no, student must sign waiver form)

My car insurance provider is: _____

Car insurance member #/ID: _____

If I drive my personal vehicle on any school sponsored trip, I agree to have a valid driver's license and proof of adequate liability insurance: AGREE / DISAGREE

I will act in accordance with any and all Freed-Hardeman University rules and regulations while on any school sponsored trips. I understand that failure to do so would require consequences or punishment (that could include loss of the trip itself, loss of member ship, expulsion, or actions deemed appropriate by the administration).

Signature: _____