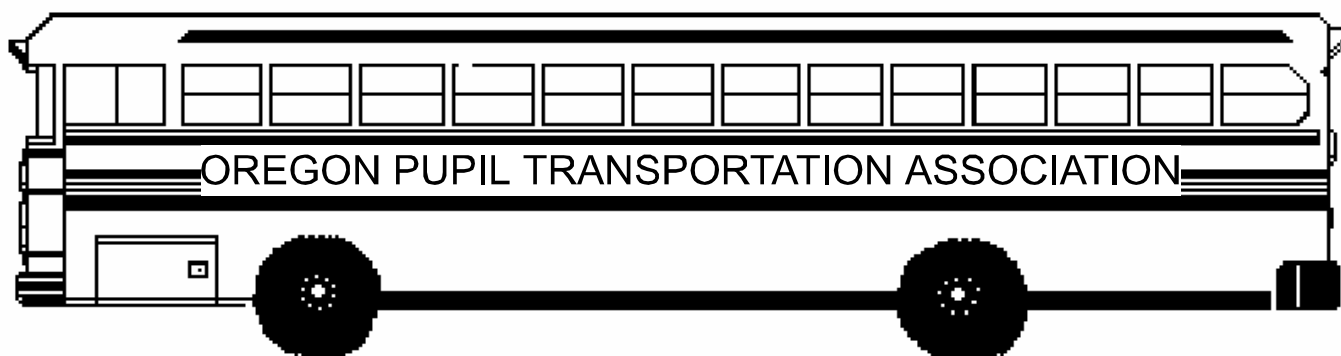


OPTA SCHOOL BUS SAFETY EXERCISES FOR OREGON 2024



REGISTRATION FORMS STATE SAFETY EXERCISE

<u>EVENT</u>	<u>DATE</u>	<u>LOCATION</u>
46 th Annual Don Allison Safety Exercise	June 1, 2024	Salem-Keizer School District Transportation 5260 Gaffin Rd SE Salem, OR 97317

SPONSORED BY



OREGON PUPIL TRANSPORTATION ASSOCIATION

JUDGES' REGISTRATION

APPLICATION MUST BE TYPED. HANDWRITTEN APPLICATIONS WILL NOT BE ACCEPTED

E-mail: _____

Last Name: _____ First Name: _____

Address: _____ City/St: _____ ZIP+4: _____

Employer: _____ Phone: _____ Ext: _____

Address: _____ City/St: _____ ZIP+4: _____

- Score Sheet Collector/"Runner"
- Student Loading
- Diminishing Clearance
- Off-Set Alley
- Railroad Crossing & Right Turn
- Left Turn
- Curb Line
- Back-Up Alley
- Straight Line
- Stop Line
- Parallel Parking
- Start Line
- SPED Car Seat Load/Secure (State Only)
- SPED Wheelchair Load/Secure (State Only)
- SPED Challenging Student Behavior (State Only)
- SPED Pre-Trip Inspection (State Only)

I will judge in the following 2024 Exercise(s):	<input type="checkbox"/> State June 1, 2024		
Scan and email completed registrations to:	Lesley Reeves Springfield SD Transportation lesley.reeves@springfield.k12.or.us		
Deadline	no later than May 3, 2024		

STATE SCHOOL BUS SAFETY EXERCISE

June 1, 2024

APPLICATION MUST BE TYPED. HANDWRITTEN APPLICATIONS WILL NOT BE ACCEPTED

Contestant #: _____

Last Name: _____ First Name: _____

Mailing Address: _____ City/St: _____ ZIP+4: _____

Employer: _____ Supervisor's E-mail: _____

Mailing Address: _____ City/St: _____ ZIP+4: _____

Telephone: _____ Ext.: _____

Class of Competition Entered [CHECK ONE]			[Check if Applicable]
<input type="checkbox"/> General Conventional	<input type="checkbox"/> General Transit	<input type="checkbox"/> Mini-Bus	<input type="checkbox"/> Alternate
<input type="checkbox"/> Novice Conventional	<input type="checkbox"/> Novice Transit	<input type="checkbox"/> SPED Events [Attendant name: _____]	
<input type="checkbox"/> Team [List two other members]:		1) _____	2) _____
Number of years driving a school bus:			
Safe Driving Awards:			
Hobbies & Interests:			
1.	I hereby agree to the following conditions.		
2.	I am not in the employment of the School Bus Safety Exercise.		
3.	Both as to myself and heirs and personal representatives, I hereby release OPTA and all of their officers or representatives from any liability and any right of action that might arise from any damage or injury which I may receive from attending or participating in the School Bus Safety Exercise.		
4.	The OPTA School Bus Safety Exercise or its assigns shall have the right to use any articles or photographs take of me at or in connection with the exercise for whatever purpose whether in advertising, promotion, or exhibits.		
5.	I have read and will be bound by all orders, rules, and regulations governing the School Bus Safety Exercise while participating in said exercise.		
6.	The entry fee of \$15.00 per contestant must accompany this registration (\$2.00 goes to support the state winner(s) to attend International Competition). Please make checks payable to OPTA.		

Driver's Signature

Supervisor's Signature **[REQUIRED]**

NOTE: Any driver with a chargeable accident within the current school year cannot qualify for International Competition. Drivers must present an original valid Commercial Driver's License and an original School Bus Driver's Certificate, or Permit, at registration on the day of the exercise. Failure to provide an original valid School Bus Driver's Certificate, or Permit, upon request, may be grounds for disqualification. If the driver is new to your location, supervisors are reminded to submit a Change of Driver Status Form to ODE. Each driver must apply on a separate application form. Please duplicate if necessary.

Scan and email completed applications **no later than May 3, 2024** [NO phone, mail or faxed registrations] to:

Tanya Adams
David Douglas SD Transportation
tanya_adams@ddsd40.org