



**L.A.S.S.O.**  
 Lemoore After School Student Outreach  
 2021-2022  
 Registration Form  
 Liability and Media Release



**Student Information:**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Full Address: \_\_\_\_\_ AGE: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_  
 Student email: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_ Yes/No  
 If Yes, please list: \_\_\_\_\_  
 Allergies: \_\_\_\_\_ Yes/No  
 If Yes, please list: \_\_\_\_\_

**Parent/Guardian Contact Information:**

**1) Parent/Guardian Name:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_  
 Full Address: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**2) Parent/Guardian Name:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_  
 Full Address: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

If you would like your child to participate in this program that requires transportation to Lemoore Presbyterian Church from Liberty Middle School, please complete, sign, and return this statement of consent and release of liability. As a legal guardian you remain legally responsible for any personal actions taken by the named minor ("participant").

**TRANSPORTATION RELEASE:** I give permission for the Volunteers of the L.A.S.S.O. program to transport my child from Liberty Middle School to Lemoore Presbyterian Church.

**MEDICAL RELEASE:** I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. I agree that my child will come to LASSO healthy.

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment and I agree to cover medical costs of needed treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Emergency contact name (please print): \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Any other Specific Medical Information (i.e. allergies, history of seizures, current medications):

\_\_\_\_\_

**BEHAVIORAL AGREEMENT:** I understand that illegal, immoral activity, or behavioral issues may result in the named participant being sent home early or barred from returning to LASSO. Unacceptable activities would include but are not limited to: reasonable belief of possession and/or use of drugs, alcohol, weapons; sexually aggressive and/or inappropriate behavior; stealing; fighting; etc. LASSO leaders will make reasonable effort to contact the parent/guardian to address such issues before a participant is removed from LASSO Program.

**RELEASE OF LIABILITY:** I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Lemoore Presbyterian Church, its officers, directors, employees and agents, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate Lemoore Presbyterian Church, its officers, directors and agents, its employees and agents and chaperones, or representative associated with the program for reasonable attorney's fees and expenses that may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of Lemoore Presbyterian Church. This Release specifically covers claims caused in whole or in part by any U.S. national health crisis, epidemic, pandemic, or similar widespread outbreak of disease whether or not such is formally declared by the U.S. government, the Center for Disease Control or the World Health Organization. Lemoore Presbyterian Church reserves the right to follow recommended CDC guidelines related to such pandemic, outbreak or disease and as such may choose at any time to send a participant home if presenting signs of sickness.

**MEDIA RELEASE:** I hereby grant permission to LEMOORE PRESBYTERIAN CHURCH/LASSO program the right to use, reproduce, and/or distribute any photographs, film, video and sound recordings of me and my child, without compensation or approval rights, for use in materials created for purposes of promoting the future activities of LASSO program.

**PICK-UP RELEASE:** I give my permission for the following people to pick up my child from LASSO. Each person listed must show photo ID when picking up a child.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
5. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_

**Parent/Legal Guardian Name (printed):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please return form to:**

LASSO, Lemoore Presbyterian Church, PO Box 336, Lemoore, CA 93245

Or by email to [lasso.program17@gmail.com](mailto:lasso.program17@gmail.com)

Questions? Contact Melody at 559-697-3004 or at the above email address.