

L.A.S.S.O.  
Transportation/Media form



**Pick up information:**

I give these people listed above Permission to pick up my child from LASSO.

**\* Everyone who picks up must show an ID\***

List of Authorized People to Pick up my child:

1	Phone:
2	Phone:
3	Phone:
4	Phone:
5	Phone:
6	Phone:

Guardian/Parent Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Liability/Media Release**

I, \_\_\_\_\_ to hold the LASSO Program harmless from and against any claim of injury or compensation resulting from the activities authorized by the LASSO Program.

Also I give consent for my Child/Self to be filmed, interviewed, photographed or to have audio or video recordings while participating in the LASSO Program. I understand that this media could be used for educational, promotional, or fundraising purposes on behalf of the LASSO Program.

Guardian/Parent Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

L.A.S.S.O. Program Registration Form  
2019-20

Student Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address/City \_\_\_\_\_ Age \_\_\_\_\_  
Primary Phone \_\_\_\_\_

Student email \_\_\_\_\_

Medical Conditions Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes \_\_\_\_\_

Medications Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes \_\_\_\_\_

Food Allergies Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes \_\_\_\_\_



**Guardian/Parent:**

**Name 1** \_\_\_\_\_  
Address/City \_\_\_\_\_  
Primary Phone \_\_\_\_\_

Primary Email \_\_\_\_\_

**Name 2** \_\_\_\_\_  
Address/City \_\_\_\_\_  
Primary Phone \_\_\_\_\_

Primary Email \_\_\_\_\_

I give permission for the Volunteers of the L.A.S.S.O. program to transport my child  
From Lemoore Liberty Middle School to Lemoore Presbyterian Church.

Guardian/Parent NAME:(Print) \_\_\_\_\_

Guardian/Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Emergency Contact  
Name \_\_\_\_\_  
Phone \_\_\_\_\_  
relationship to student \_\_\_\_\_

OVER PLEASE

9/6/19