



Left Out Organization Program (L.O.O.P.) Registration Form

I, _____ (Print), the parent/legal guardian of the listed participant(s) below hereby grant my permission for the listed participant(s) to partake fully in "L.O.O.P. activities, including trips away from the central premises. I hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed chaperone while attending and participating in activities sponsored by "L.O.O.P. I agree that "L.O.O.P. may photograph/record my child/dependent's likeness and activities (Images) during related activities and permit "L.O.O.P. to use any images for commercial advertising on any medium. I understand that I will not hold this organization or their staff members liable for any non-responsible accidents or injuries therefore I, do release "L.O.O.P. from any and all liability. _____ (initial)

Child Name: _____ Age: _____ DOB _____

School _____ Grade _____

Known Allergies: _____

Child Name: _____ Age: _____ DOB _____

School: _____ Grade _____

Known Allergies:: _____

Guardian Name _____ Cell #: _____

Text Messages YES or NO E-mail _____

Emergency Contact (s)

Name: _____ Relation _____ Number _____

Name: _____ Relation _____ Number _____

I authorize "L.O.O.P. in whose care the minor has been entrusted, to administer first aid to the minor(s) in the case of minor cuts, scrapes or sudden illness. I have read and I fully understand that this agreement does not expire, and by signing below I authorize my agreement and that I have legal capacity to sign the release. Please contact Melisa Burnett at 717-608-7005 for additional information.

Signature _____ Date _____



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