



Transportation Agreement

Participant Name: _____ School: _____

Parent/Guardian Name: _____ Phone Number: _____

Additional Emergency Contact Name: _____ Phone Number: _____

Please check the days that we can expect to pick up your child:

- Mondays
- Tuesdays
- Wednesdays
- Thursdays
- Fridays
- Will Call

Please read the following terms for the Live Spot transportation policy and initial next to each:

_____ I understand that transportation is provided to my child from their school **TO** the Live Spot only.

_____ I understand that I will need to pick my child up at the Live Spot **no later than 5:30pm**.

_____ I understand that if my child is not at the designated pick-up location within a reasonable amount of time, they may be left at the school.

_____ I understand that if my child is **NOT** being transported on a day that they are expected to, I will notify the Live Spot (530-538-7124) two hours before school gets out.

_____ I understand that if I fail to notify the Live Spot, or if my child does not show up to be transported on a day they are expected to an excess of 5 times, the Live Spot staff may revoke their transportation privileges until further notice.

_____ I am agreeing that I can be reached at the above number during Live Spot hours (1:30-5:30pm Monday through Friday) in case of emergency.

By signing below I understand, agree, and accept all terms and conditions of my child being transported by the Live Spot Youth Center.

Participant Signature

Date

Print Participant's Name

Parent / Guardian Signature

Date

Print Parent / Guardian Name