

YMCA of Centre County Backpack Program Registration Form
2024 – 2025 School Year

Participant's Name: _____

Parents Name: _____

Address: _____

Phone: _____ Grade: _____ Age: _____

School Attending: _____

In an emergency, please contact:

Name: _____ Relationship: _____

Address: _____ Phone: _____

By signing this form, I agree to allow my child to participate in the Backpack Program, a program run by YMCA of Centre County and my child's school district. I understand that, for children with food allergies, the Backpack Program's food items may contain food with common food allergen ingredients. Parents and guardians concerned with food allergies should be aware of this risk. The YMCA of Centre County and my child's school district will not assume any liability for adverse reactions to foods consumed. By signing this form, I agree to assume any and all risks associated with my child's participation in the Backpack Program.

Parent/Guardian's Signature

Date

I grant/deny permission to the YMCA of Centre County and my child's school district to photograph or videotape my child for marketing purposes. Any photographs, images, and/or videos taken of my child would be used for promotional purposes in materials that include, but may not be limited to, printed materials, such as brochures and newsletters, videos, and digital images such as those on the YMCA of Centre County website and social media pages.

* I understand that my child's last name and personal information will not be used in conjunction with any video or digital images.

- Deny permission to use my child's image at all.
- Grant permission to use my child's image.