Operation BackPack Program Registration Form \***Return this form to Highland by 10/01/2019**

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School in Attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list only the children enrolled at this school

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| --- | --- | --- |
| Name: | Grade: | School: |
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By signing this form, I agree to allow my child/children to participate in the Operation BackPack program of the HACAP Food Reservoir and Highland School District.

I understand that for children with food allergies, Operation BackPack items may include allergencontaining ingredients. Parents/guardians concerned with food allergies need to be aware of this risk. The HACAP Food, Operation BackPack Program, and Highland School District will not assume any liability for adverse reactions to food consumed.

The HACAP Food Reservoir and the Operation BackPack Program strive to include healthy and safe food. While some products might be past the marked expiration date, we have worked with the manufacturer to ensure it is still safe to consume. If you open the package and notice a problem, please contact the Operation BackPack Program immediately.

By signing this form I agree to assume any and all risks associated with my child’s/children’s participation in the Operation BackPack Program including any adverse reaction my child may have to foods consumed.

To promote and expand the Operation BackPack Program, the HACAP Food Reservoir, and Highland School District may wish to use images, photographs, or video of children who are participating in the Operation BackPack Program in materials that may include (but are not limitted to) brochures, newsletters, social media and the HACAP Food Reservoir web site.

I deny permission to use images of my child/children. I grant permission to use images of my child/children. I understand that my child’s name and personal information will not be used in conjunction with any images or video.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_