

# Backpack Program Parent Registration Form

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Total # in Household: \_\_\_\_\_

Name:	Grade:	Teacher:

By signing this form, I agree to allow my child/children to participate in the Backpack Program of the Cascade Food Bank and participating school. I understand that the backpack items may include allergen-containing ingredients. Parents/guardians concerned with food allergies need to be aware of the risk. The Cascade School district and the Cascade Food Bank will not assume any liability for adverse reactions to food provided.

By signing this form, I agree to assume any and all risks associated with my child's/children's participation in the Backpack program including any adverse reactions my child may have to food consumed.

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