



In Office Use Only:	
Front Office:	_____
GiveAway:	_____

# BACKPACK REGISTRATION FORM

Student Name: \_\_\_\_\_ Student Age: \_\_\_\_\_ Student Grade: \_\_\_\_\_ Gender: M / F  
 Student Name: \_\_\_\_\_ Student Age: \_\_\_\_\_ Student Grade: \_\_\_\_\_ Gender: M / F  
 Student Name: \_\_\_\_\_ Student Age: \_\_\_\_\_ Student Grade: \_\_\_\_\_ Gender: M / F

**Use back of page for additional student information**

Parent (s)/Guardian Name (s): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Home  Work  Cell  Other   
 Address: \_\_\_\_\_

*I grant or deny permission to the Springfield Rescue Mission to use the image of my child. If permission is granted, photographs, images and/or video taken of my child may be used 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 Springfield Rescue Mission's website. The child's last name and personal information will not be used in conjunction with any video or digital images.*

I grant permission to use my child's image

I deny permission to use my child's image

*By signing this form, I agree to allow my child/children to receive 1 backpack, per child, through the Springfield Rescue Mission's Back to School Backpack Drive campaign. I understand that, for children with allergies, backpack items may contain possible allergen-containing items and/or ingredients. Parents and guardians concerned about allergies need to be aware of this risk. The Springfield Rescue Mission will not assume any liability for adverse reactions to items handled or food consumed. By signing this form, I agree to assume any and all risks associated with my child's participation in the Back to School Backpack Drive campaign, including any adverse reaction my child may have to items handled or food consumed.*

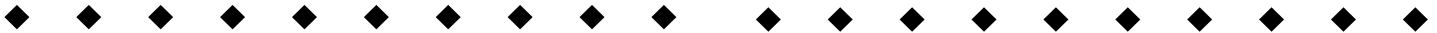
*By signing this form, I understand that the new school supplies provided in each backpack will vary per backpack. I understand that the backpacks I receive on behalf of my child/children will be as suited to my child/children's age as is possible and available.*

\_\_\_\_\_  
 Parent/Guardian Name Signature

\_\_\_\_\_  
 Parent/Guardian Name (please print)

\_\_\_\_\_  
 Date

**Registration Forms must be completed by August 9, 2024. Backpacks distribution only while supplies last.**



Name: \_\_\_\_\_ Date: \_\_\_\_\_

This is your receipt of your Backpack Registration. You do not need this to pick up your Backpack (s). It is a reminder to pick up on or after August 19, 2024.

\_\_\_\_\_ No. of Bags \_\_\_\_\_ Grade and Gender

**BACKPACKS CAN BE PICKED UP ON OR AFTER AUGUST 19, 2024, MONDAY - FRIDAY, 8AM - 4PM**