

**2024 Backpack Registration Form**

Parent/Legal Guardian:

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Contact Number: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apartment Number: \_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Student First/ Last Name** | **School (2024-2025)** | **Grade**  **In 2024-25** | **Age** | **Gender**  **(Boy/Girl)** |
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It is the responsibility of the parent/guardian to notify the school if your address or phone number changes over the summer. Backpack Connections must have the most up-to-date information to contact you for backpack pickup.

Parental Consent:

I give permission for Backpack Connections, consisting of, but not limited to, the following entities: Hope For My City, Tuscaloosa’s One Place (TOP), and participating churches, organizations & businesses to release my information to similar organizations and other agencies providing school supplies.

I give permission for the use of video or photos of my child/children taken during the Backpack Connections Giveaway events, and I understand that these photos/videos may be used in future promotional materials and for solicitation of supplies for this event.

I understand that sponsors and other participants in Backpack Connections will not use my child’s photo for any purpose but to promote backpack giveaway events.

Parent/Guardian Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_