



**West Hanover Elementary School
PowerPack Registration Form
2015 - 2016 School Year**

Student's Name: _____ Grade _____ Age _____

Student's Name: _____ Grade _____ Age _____

Student's Name: _____ Grade _____ Age _____

Student's Name: _____ Grade _____ Age _____

Would you prefer a Vegetarian-filled backpack? **YES** **NO**

Parent/Guardian Contact Information:

Name: _____

Address: _____

Phone: _____ **Email Address** _____

I would be interested in picking up my child's backpack at Central Dauphin Middle School (Wednesday evenings from 6:00-7:15).

By signing this form I agree to allow my child to participate in PowerPack, a program of the Central Pennsylvania Food Bank, Central Dauphin School District and the Panther Ram Foundation. I understand that, for children with food allergies, PowerPack items may contain possible allergen-containing ingredients. Parents and guardians concerned with food allergies need to be aware of this risk. The Central Pennsylvania Food Bank, Central Dauphin School District or the Panther Ram Foundation 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 PowerPack Program including any adverse reaction my child may have to foods consumed.

Parent/Guardian's Signature

Date