



**PERMISSIONS** (please read carefully and choose all that apply)

I give permission for my child to walk to and from the program site.

- Yes - by themselves
- Yes - with their older sibling (*please provide name(s) of older sibling(s) below*)  
\_\_\_\_\_
- No

I give permission for my child to participate in all activities that are planned for the Summer BLAST Program.

- Yes
- No

I give permission to the Summer BLAST Program to take photographs and videos of my child and use their image and/or voice for media and marketing purposes.

- Yes
- No

**ADDITIONAL INFORMATION** (answer all that apply to your child)

- My child has **activity limitations** that might prevent them from participating in some activities.  
They are:

---

---

- My child has an **allergy, sensitivity, or dietary restriction** that BLAST should be aware of.  
(list below)

---

---

Additional information you should know about my child:

---

---

Please sign and return to Schuylkill Community Action at 225 North Centre Street, Pottsville, PA 17901 or register online at: [www.surveymonkey.com/r/blast-registration2026](http://www.surveymonkey.com/r/blast-registration2026)

Feel free to call (570) 622-1995 with any questions.

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

\_\_\_\_\_  
Date

**DISCLAIMER:** The Summer BLAST Program strives to provide a safe and welcoming environment for all participants. However, staff are not able to provide one-on-one personal care or individualized support. Participants should be able to manage their personal needs independently. If additional assistance is needed, a parent/guardian is responsible for providing a chaperone or support person to attend with them.