



**For a child under 18 years of age,
complete the form below.
PHOTO RELEASE**

I, _____, Parent/Guardian of _____ hereby authorize and consent to the use of his/her visual image by the Boys & Girls Club of Central PA for appropriate purposes, including but not limited to: still photography, videotape, electronic and print publications and website. I give this consent with no claim for payment.

Signature _____ Date _____

Phone _____ (in case we need to contact you)

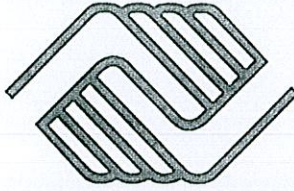


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**BOYS & GIRLS CLUB
OF HARRISBURG**

1227 BERRYHILL STREET
HARRISBURG, PA 17104
(717) 234-3268

ADDENDUM: (ABUSE CONCERNS)

Family Information:

Domestic Violence Yes No Comments:

Physical Yes No Comments:

Mental Yes No Comments:

Neglect Yes No Comments:

Sexual Yes No Comments:

Substance Yes No Comments:

Mental Health Yes No Comments:

Volatile Behavior Yes No Comments:

Mental Retardation Yes No Comments:

Other Concerns Yes No Comments:

Known to Harm Themselves or Others Yes No Comments: