



REGISTRATION/WAIVER FORM

Junior Chefs of America, Inc.

(If Returning Student, Only Complete NEW Information)

Child's Name	Birth Date	Age	Gender M / F	School Name
	/ /		/	
	/ /		/	
	/ /		/	
	/ /		/	

Parent/Guardian – Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____
Cell phone _____ E-mail _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____
Cell phone _____ E-mail _____

Child lives with:

Person responsible for payment

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____
Home Phone _____ Work Phone _____ Cell Phone _____
Email _____ Relation to child(ren) _____

Emergency Contact #2

First Name _____ Last Name _____
Home Phone _____ Work Phone _____ Cell Phone _____
Email _____ Relation to child(ren) _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information

Insurance Information _____

Primary Physician _____

Physician's Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?
Yes__No__If yes, explain: _____

Is your child allergic to any type of food or medication?
Yes__No__If yes, explain: _____

Does your child require a special diet?
Yes__No__If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that Junior Chefs of America, Inc. will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Photo Release

I hereby give permission for my child to be photographed during the any class/event at **Junior Chefs of America, Inc.** I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Junior Chefs of America, Inc. and its affiliates.

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official **Junior Chefs of America, Inc.** activities by modes of transportation agreed to by the school organizers.

Parent's/Guardian's Initials _____

Sharp Knife/Utensil Disclosure and Release – List First Names ONLY

Yes, I APPROVE my Junior Chef(s) _____ to work with sharp knives during class.

NO, I DO NOT APPROVE my Junior Chef(s) _____ to work with sharp knives during class.

If you selected "NO", we will assign Staff to work with your child closely. All food items will be cut by STAFF ONLY. Your child will only work with utensils that are kid-safe and not sharp.

I hereby consent to the above checked box regarding sharp knife/utensils for the above mentioned children. In the event that an accident happens in class, please refer to medical emergency section of this form for instructions.

Parent's/Guardian's Initials _____

Please circle how you heard about the Junior Chefs of America, Inc.

After School Program Website School _____

Word of Mouth Flyer Other _____

2 WAYS TO PARTICIPATE

Ages 4-13		Ages 14-17	
In-Person	9-11 am, or 2-4pm Saturdays	In-Person	Monthly on Saturdays from 2-4pm
Online	2-4pm on Saturdays	Online	2-4pm on Saturdays

3 WAYS SAVE

(See Our Staff//Tutor Administrator To Sign Up)

BUNDLE PACKAGES	
1. 4 In-Person Classes	\$85 (Value \$100)
2. 4 Online Classes	\$47 (Value \$100)
3. Combo 4 Online & 4 In-Person, And 1 Q&A Session With Professional Chef	\$125 (Value \$164)

Junior Chefs of America, Inc. and its co-organizers are not responsible for lost or damaged personal property. All scheduled events/classes are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

This Release is intended to release and discharge the Released Parties from all damages, actions, claims and liabilities of any nature, specifically including, but not limited to, damages, actions, claims and liabilities arising from or related to the negligence of the Released Parties. I further agree to indemnify, hold harmless, and defend Junior Chef's of America, Inc and each of the other Released Parties from and against any loss, damage, liability, and expense, including costs and attorney's fees, incurred by Junior Chef's of America, Inc or any of the other Released Parties as a result of my using the Facility, participating in the Activities, or participating in any other activity sponsored by Junior Chef's of America, Inc.

Must Sign Below For Your Child(ren) To Participate

THIS RELEASE IS A BINDING LEGAL CONTRACT, PLEASE READ IT CAREFULLY BEFORE SIGNING.

Signature of Parent or Court-Appointed Legal Guardian

Date

Printed Name of Parent or Court-Appointed Legal Guardian