



## Jr. Chef Cooking Program '09 Participant Information

Confirmed Session Date: \_\_\_\_\_

### Participant Information

Name: \_\_\_\_\_

(Last) (First,) (Preferred name if different)

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ [ ] Male [ ] Female

School: \_\_\_\_\_ Grade: \_\_\_\_\_

### Parent / Guardian Information

Names: \_\_\_\_\_

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

City, ST, Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Dad's Work Place: \_\_\_\_\_

Dad's Work Phone: \_\_\_\_\_ (include area code)

Dad's Cell Phone or Pager: \_\_\_\_\_ (include area code)

Mom's Work Place: \_\_\_\_\_

Mom's Work Phone: \_\_\_\_\_ (include area code)

Mom's Cell Phone or Pager: \_\_\_\_\_ (include area code)

Email address: \_\_\_\_\_

How did you hear about Jr. Chef Central's cooking programs? \_\_\_\_\_

Check enclosed \_\_\_\_ Online Payment \_\_\_\_

**Medical History**

Participant's Medical / Emergency Contact Information:

\_\_\_\_\_  
(Child's Physician's Name) (phone) \_\_\_\_\_

\_\_\_\_\_  
(Medical Insurance Carrier) (Policy or Group Number)

1. Is your child taking any medications? [ ]Yes [ ]No

If yes, what are the medications for? \_\_\_\_\_

*Your child must be able to administer his/her own medications.*

2. Has your child been diagnosed with an illness, disease, disorder, or condition that is still prevalent? [ ]Yes [ ]No

If yes, please describe \_\_\_\_\_

3. Does your child have any physical, mental, or emotional limitations that prevent or limit his/her participation in physical activity programs or other activities? [ ]Yes [ ]No

If yes, please describe \_\_\_\_\_

4. Is your child diabetic? [ ]Yes [ ]No

5. Does your child have asthma ? [ ]Yes [ ]No

*If your child does have asthma, does he/she use a breather? If you answer yes to this question your child must bring their breather to be admitted to each program session.*

6. Are there any concerns or special instructions that you have concerning your child that may be of help while your child is participating in the program? [ ]Yes [ ]No

If Yes, please explain \_\_\_\_\_

7. Does your child have any food allergies? [ ]Yes [ ]No

If Yes, please explain \_\_\_\_\_

20. Does your child have any religious reasons not to eat certain foods? [ ]Yes [ ]No

If Yes, please explain \_\_\_\_\_

***Note: Based on parents'/guardians' responses to the above questions, parent's/guardian's or the child's physician may be requested to provide additional information regarding the child's health prior to processing the registration form.***

## Parental Consent

Please initial the spaces to the left to acknowledge your consent.)

\_\_\_\_ I hereby give my permission for my child, \_\_\_\_\_ to participate in Jr. Chef Central's Cooking Program . I understand that my child's participation in the Cooking Program is voluntary. The Cooking Program is a multi-day program and attendance is required at all sessions. I will drop off and pick up my child each day of the Cooking Program at the times and locations required.

\_\_\_\_ I acknowledge the benefits of my child's participation in the Cooking program include participation and experiences in educational programs relating to cooking and nutrition, kitchen sanitation and food safety. Cooking program activities are designed to be age-appropriate and are intended to empower young people in making wise food and dining choices.

\_\_\_\_ I understand that any unsafe or disruption behavior during the course of the program will result in my child being removed from the course and no refund or credit for any unused portion will be forthcoming.

\_\_\_\_ I understand that as a participant in the Cooking Program, my child will be using a full range of equipment and cooking utensils in a commercial kitchen, including, but not limited to: knives, pots and pans, working ovens and stoves.

\_\_\_\_ I give my permission for my child to participate in the Cooking Program, knowing his/her current health status and having accurately disclosed that on this form. If my child has any chronic or ongoing medical condition, I understand that my I may be asked to submit additional medical information and written permission from my child's physician in order for my child to participate in the Cooking Program.

\_\_\_\_ I understand that some Cooking Program activities are planned off-site. Participation in these activities may require campers to perform considerable walking (not to exceed a mile at a time) or may include other types of transportation, such as a chartered bus or van ride to off-site locations. I understand that Cooking Program staff will accompany participants to each of these locations, and will provide group escort services as appropriate. I understand that Jr. Chef Central will abide by California state law regarding safety measures during transport, but that not all vehicles are required to have seat belt restraints (i.e. public buses).

\_\_\_\_ I hereby authorize to have photographs, audio tapes, video tapes, or films taken of my child during Cooking Program activities. These photographs, tapes, or films may be used by Jr. Chef Central, Jr. Chef International, or Karla's Kitchen Table and their affiliates for educational, training, promotional, or publicity purposes without notification and/or compensation to me and/or my child of any kind. In addition, I understand that photographs of my child may be available for viewing by other Cooking Program participants and families. These photographs may also be used for temporary or permanent display by Jr. Chef Central or Karla's Kitchen Table on their website.

## **RELEASE OF LIABILITY**

In consideration of my child's participation in the Cooking Program, I voluntarily agree to hold harmless and to forever release Ksoto Inc., Jr. Chef Central, Karla's Kitchen Table, Jr. Chef International, its trustees, officers, affiliates, employees, representatives, and agents from any claims, suits, or causes of action I may have for myself or on behalf of my child, arising out of or related to my child's participation. By signing this waiver and release, I understand that I am giving up, waiving, and releasing any right I might have to sue or make a claim which I or my child might have or which might subsequently arise or occur against Ksoto Inc., Jr. Chef Central, Karla's Kitchen Table, Jr. Chef International, its trustees, officers, affiliates, employees representatives, and agents. It is my intent to give up those rights and I do so knowingly and voluntarily.

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Signature of Parent/Guardian Date

*Cancellation Policy:* Cancellations must be received within 10 business days of the program start date for a full refund to be issued. For cancellations received with less notice, camp fees are forfeited unless the space is filled by another participant. Should the space be filled, a refund will be issued, less a \$25 service fee. Should a participant have to leave the program, for reasons beyond their control, prior to its completion a credit may be issued for all or a portion of the program at the sole discretion of Jr. Chef Central. No refund will be issued should a participant be asked to leave the program for unsafe or disruptive conduct.

Completed registration form should be mailed to:

Jr. Chef Central  
P.O. Box 580614  
Elk Grove, California 95758

Registration is complete once payment has been received. To pay online, visit our website at [www.jrchefcentral.com](http://www.jrchefcentral.com). If paying by check please make checks payable to: Jr. Chef Central and mail with this form to the address above. Be sure and put your child's name on the check please!

Thank you! We look forward to working with your child in the kitchen!

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