



REGISTRATION & EMERGENCY HEALTH FORM

Forms Must be completed and turned in prior to attending class

Students Last Name	First Name	
Birth date (mm/dd/yyyy)	Age	Class date and time
Student's Home Street Address, City, State, ZIP code		
Parent's/guardian's name	phone#	email address

RELEASE

I/we, the undersigned, individually and as parent(s) and/or guardian(s) of _____, a minor, ask that he/she be admitted to participate in this cooking camp sponsored by Really Cooking with Robin. In consideration of such admission, I/we do hereby agree to release, discharge, and hold harmless Really Cooking with Robin, LLC; its officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the cooking camp. I/We hereby give Really Cooking with Robin, LLC, my/our consent that any photographs, films, audio and visual recordings for which he/she posed may be used by Really Cooking with Robin, LLC; its assigns or successors, in whatever way they may desire, including newspaper, audiovisual productions, television, radio, Internet and other public relations purposes. I/We agree to cooperate with all regulations and understand that our child will abide by all camp rules, and if he/she does not she may be sent home with no refund. I/We understand that the camp cannot be responsible for loss of valuables.

Parent/Guardian:

Signature _____ Print Name: _____ Date _____

EMERGENCY HEALTH

Please provide us with a list of **allergies** and intolerance to food, medication, or any other substances, and actions to take in an emergency.

Please provide us with details regarding any pertinent developmental information or chronic physical problems that affect your child.

Please use this space to note any other special requests or considerations for your child.

Name of child's physician: _____ **Phone:** _____

Informed Consent, Risk of Injury, and Authorization for Emergency Treatment and Transportation

I/We, the undersigned, as the parent or legal guardian of _____ in consideration of the request, give permission for my child to participate in cooking camp activities at, Really Cooking with Robin, LLC. I/We understand and acknowledge by allowing my son/daughter to participate in this activity, the risk of injury exists and medical treatment may be necessary. I/We understand that I/We will be notified if my child, listed above, becomes ill while at camp. I/We agree that upon notification of my child's illness, I/we will agree to have him/her picked up as soon as possible. In the case of an emergency when I/we cannot be reached, I/we hereby give authorization to the Really Cooking with Robin, LLC, its employees and agents, and any treating physician of the Hospital to obtain or provide whatever medical treatment deemed necessary for the immediate welfare of my child, listed above. I/We give permission for Really Cooking with Robin, LLC. to release any information on this form to any healthcare provider.

Conditions of Enrollment: I/We understand it is my responsibility to provide accident and health insurance coverage for my child and I/we will be financially responsible for all charges and fees for emergency medical treatment, regardless of whether my medical insurance covers such charges and fees. I/We understand that Really Cooking with Robin, LLC. does not provide any insurance.

Parent/Guardian:

Signature _____ Print Name: _____ Date _____