

Food is essential to life, therefore, make it good.



REGISTRATION FORM

Name _____

Address _____

City _____ Zip Code _____

Age _____

Allergies, Food Limitations, Medications, Other Medical Conditions _____

Parent/Guardian _____ Phone Number _____

Emergency Contact (Other than parent listed above)

Name _____ Phone Number _____

Family Doctor _____ Phone Number _____

Waiver of Liability and Photo Release

By my signature below, I acknowledge the following:

- ❖ I understand that participation in this activity involves certain inherent dangers and assume those risks and do release the University of Arkansas Cooperative Extension Service and its employees from any and all liabilities, claims, suits, demands or causes of action which may arise from my child's participation in this event.
- ❖ In an emergency, I authorize ambulance or emergency services transportation to the nearest doctor or hospital.
- ❖ I hereby grant the University of Arkansas Cooperative Extension Service to use photos and videos taken during the event. Photos and videos taken may be used for marketing purposes, including social media, print, internet and other forms of media. Please indicate if, for any reason, your child should not be photographed or videoed during camp.

Parent/Guardian's Printed Name _____

Parent/Guardian's Signature _____ Date _____

- ❖ I understand that I must follow all of the kitchen rules that will be given to me during the program. I will work to the best of my ability and will respect the other participants and instructors.

Youth's Printed Name _____

Youth's Signature _____