



Rising Chef Camp Registration Form

Participant Information

Last Name _____ First Name _____

Preferred name _____

Address: Street 1 _____

Street 2 _____

City _____

Postal Code _____

Phone Daytime _____ Evening _____

Date of Birth _____

(if 18 years or younger) MM

DJ

YA

E-mail

In case of emergency contact

Name _____

Address _____

Phone_(Daytime) _____ (Evening) _____

Cell _____

Persons authorized to pick up child

1) _____ phone# _____

2) _____ phone # _____

3) _____ phone # _____

4) _____ phone # _____

ALLERGIES

yes

If yes is selected please explain in detail on medical questionnaire

no

Does the participant have any medical condition that could prevent him/her from participating fully in any Rising Chefs class, party, camp or event? Yes No

If so, please explain in detail.

Camp week _____ to _____

Theme _____

Monday

Tuesday

Wednesday

Thursday

Friday

Breakfast Club

Afternoon Snack

Payment in full is required at the time of registration. Withdrawal prior to the first day is subject to a 25% administration fee. Once a class/program has begun no refunds will be given.

By signing this registration form you agree to the terms above, are a participant who is 18 years of age or older, or are the legal parent or guardian of the participant under the age of 18 who is named on this form. You furthermore acknowledge that you have read, fully understand and have signed the Rising Chefs Release of Liability Waiver.

Signature of Participant /Parent/Legal Guardian

Date

For office use only

Camp Price \$ _____

Paid by cash cheque visa

Breakfast Club \$ _____

Card Type _____

Afternoon Snack \$ _____

Number _____

G.S.T. \$ _____

Expiry _____

TOTAL \$ _____

Signature _____