



REGISTRATION & EMERGENCY HEALTH FORM
Forms Must be completed and turned in prior to attending class

When registering, participants must assume and accept that they will be participating in cooking activities where there is a natural element of risk of injury with kitchen appliances, equipment, knives, allergic reactions and other students in the class. Registering for a Create-a-Cook, LLC. cooking class acknowledges this level of risk to yourself and/or child while participating in the activities at Create-a-Cook Cooking School.

When registering, participants must assume and accept the responsibility of notifying the staff of Create-a-Cook, LLC. Cooking School of any allergies to foods, diet restrictions, or other special needs of their self-and/or child. Please note that, depending on the menu, we can accommodate for some, but not all allergies and/or diet restrictions. **Please call before registering** to discuss the options we can provide.

Students Last Name

First Name

Birth date (mm/dd/yyyy)

Age

Class date

Student's Home Street Address, City, State, ZIP code

Parent's/guardian's name

Phone#

email address

RELEASE

I/We, the undersigned, as the parent or legal guardian of _____ in consideration of the request, give permission for my/our child to participate in cooking school activities at Create-a-Cook, LLC. I/We understand and acknowledge by allowing my/our 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/our child, listed above, becomes ill while at school. I/We agree that upon notification of my/our child's illness, I/we will agree to have him/her picked up as soon as possible. In the event of injury or sickness, I authorize Create-a-Cook Team representatives to transport and admit the above-named student to any convenient hospital or similar facility for emergency medical treatment. I authorize said Hospital to commence treatment. In the case of an emergency when I/we cannot be reached, I/we hereby give authorization to the Create-a-Cook, 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/our child, listed above. I/We give permission for Create-a-Cook, LLC. to release any information on this form to any healthcare provider.

Parent/Guardian:

Signature _____ Print Name: _____ Date _____

EMERGENCY HEALTH INFORMATION

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:** _____