



# REGISTRATION/WAIVER FORM

## Junior Chefs of America, Inc.

Child's Name	Birth Date	Age	Gender M / F	School Name
	/ /		/	
	/ /		/	
	/ /		/	
	/ /		/	

**Parent/Guardian – Contact Information**

***Parent/Guardian #1***

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

***Parent/Guardian #2***

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

Child lives with: \_\_\_\_\_  
 \_\_\_\_\_

Person responsible for payment \_\_\_\_\_  
 \_\_\_\_\_

**Emergency Contact Information – Alternate Pickup/Release**

***Emergency Contact #1***

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_ Relation to child(ren) \_\_\_\_\_

***Emergency Contact #2***

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_ Relation to child(ren) \_\_\_\_\_

Please list those people including in addition to parents/guardians who are permitted to pick up your child:  
 1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

**Medical Release Information**

Insurance Information \_\_\_\_\_

Primary Physician \_\_\_\_\_

Physician Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Is your child allergic to any type of food or medication?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Does your child require a special diet?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

**In case of medical emergency contact:**

	<b>Name</b>	<b>Phone #</b>	<b>Relationship to Child</b>
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials \_\_\_\_\_

I understand that Junior Chefs of America, Inc. will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials \_\_\_\_\_

**Photo Release**

I hereby give permission for my child to be photographed during the any class/event at **Junior Chefs of America, Inc.** I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Junior Chefs of America, Inc. and its affiliates.

Parent's/Guardian's Initials \_\_\_\_\_

**Transportation Release**

I hereby give permission for the transportation of my child for official **Junior Chefs of America, Inc.** activities by modes of transportation agreed to by the school organizers.

Parent's/Guardian's Initials \_\_\_\_\_

**Sharp Knife/Utensil Disclosure and Release – List First Names ONLY**

       **Yes, I APPROVE** my Junior Chef(s) \_\_\_\_\_ to work with sharp knives during class.

       **NO, I DO NOT APPROVE** my Junior Chef(s) \_\_\_\_\_ to work with sharp knives during class.

If you selected "NO", we will assign Staff to work with your child closely. All food items will be cut by STAFF ONLY. Your child will only work with utensils that are kid-safe and not sharp.

I hereby consent to the above checked box regarding sharp knife/utensils for the above mentioned children. In the event that an accident happens in class, please refer to medical emergency section of this form for instructions.

Parent's/Guardian's Initials \_\_\_\_\_

**Please circle how you heard about the Junior Chefs of America, Inc.**

After School Program      Website      School \_\_\_\_\_

Word of Mouth      Flyer      Other \_\_\_\_\_

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**To Join Our Monthly Membership Program, Please Check Below**  
*(Complete Monthly Membership Form Separately)*

Yes, I want to become a member

\_\_\_\_\_ Unlimited Monthly Membership - 1 Child \$59.00  
\_\_\_\_\_ Unlimited Monthly Membership – 2 Children \$79.00  
\_\_\_\_\_ Unlimited Monthly Membership – 3 Children \$99.00

No, I will pay weekly (pay-as-you-go plan)

\_\_\_\_\_ Weekly Class Fee \$25 per child/per class

Junior Chefs of America, Inc. and its co-organizers are not responsible for lost or damaged personal property. All scheduled events/classes are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

This Release is intended to release and discharge the Released Parties from all damages, actions, claims and liabilities of any nature, specifically including, but not limited to, damages, actions, claims and liabilities arising from or related to the negligence of the Released Parties. I further agree to indemnify, hold harmless, and defend Junior Chef's of America, Inc and each of the other Released Parties from and against any loss, damage, liability, and expense, including costs and attorney's fees, incurred by Junior Chef's of America, Inc or any of the other Released Parties as a result of my using the Facility, participating in the Activities, or participating in any other activity sponsored by Junior Chef's of America, Inc.

THIS RELEASE IS A BINDING LEGAL CONTRACT, PLEASE READ IT CAREFULLY BEFORE SIGNING.

\_\_\_\_\_  
**Signature of Parent or Court-Appointed Legal Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Parent or Court-Appointed Legal Guardian**

**PLEASE RETURN APPLICATION TO:**  
**[INFO@JUNIORCHEFSOFAMERICA.ORG](mailto:INFO@JUNIORCHEFSOFAMERICA.ORG)**