

Registration Form

Teen Culinary Adventure

July 14th – 18th, 9:30 – 1

Agricultural Conference Center

252 Poplar Grove Rd., Boone

Name of Participant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age:\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_

Parent’s or guardian’s name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List who has permission to pick your child up from class:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who should we contact in case of emergency?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Media release: A parent or guardian should sign below whichever statements you wish for us to adhere to.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I agree to allow NC Cooperative Extension to take photographs of my child to use in NC Cooperative Extension educational, promotional and/or marketing materials. Individual identities will not be published within these materials.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I do not wish for NC Cooperative Extension to take photographs of my child for use in NC Cooperative Extension educational, promotional and/or marketing materials.

Please note, while we try to make our programs as safe as possible, there are inherent risks involved in cooking. For example, participants could possibly cut themselves with a knife or vegetable peeler.

We will be using equipment that gets very hot, so participants could possibly burn themselves.

Parents or guardians initial here that you are aware there are inherent risks in cooking\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_