

REGISTRATION/AUTHORIZATION FORM

RECIPES FOR YOU & ME (WORKSHOP)

**Saturday, November 17th, 24th, and December 1st, 2018
10:30 AM – 12:30 PM**



Name (Parent/Guardian):

Name (Child):

Age of Child (D/M/Y):

Home Address:

Contact Number:

Email Address:

• **Emergency Contact(s)**

Name & Phone #:

• **Parent/Guardian - Health Concerns**

**(including Allergies, Medical or
Special Needs):**

• **Child - Health Concerns**

**(including Allergies, Medical or
Special Needs):**

Photography Release

I give permission for J.A.C. staff to take photographs during programs for potential use in future promotional materials.

• Initials: _____

Baking Knowledge (Adult)

Please note your baking skill/knowledge level:

- Beginner
- Intermediate
- Advanced
- Expert

Baking Knowledge (Child)

Please note your baking skill/knowledge level:

- Beginner
- Intermediate
- Advanced
- Expert

I agree that in order to participate in J.A.C. programs workshops I will cooperate with all JAC procedures and regulations. I have read and understand the information presented in this packet.

*Please note there is a 1 to 1 adult to youth ratio

Signature: _____

Date: _____