Adventures in Cooking
Registration Form

Adventures in Cooking is a fun, hands-on program that teaches 8–12 year olds how to cook and get comfortable in the kitchen. The program builds the child's skills and confidence to prepare a variety of meals and snacks and helps encourage a love of food and healthy eating.

Please register your child/dependent using this form and return it to your Adventures in Cooking leader.

Contact Information

Child's First and Last Name:

_____

Child's Pronouns (e.g., she/her, they/them):

_____

Date of Birth: _____

Address: _____

Parent/Guardian Name:

_____

Phone (Cell): _____

(Work): _____

(Other): _____

Other Parent/Guardian's Name:

_____

Phone (Cell): _____

(Work): _____

(Other): _____

Emergency Contact Name
(in case we can't reach the above):

_____

Phone (Cell/Work/Other):

_____

Health

Do you have any special instructions for leaders regarding the child's diet, health and/or behaviour? ○ Yes ○ No
If yes, please explain:

_____

Does the child have any food allergies? ○ Yes ○ No
If yes, please explain:

_____

Are there any medications the child should carry with them (e.g., EpiPen, inhaler)? ○ Yes ○ No
If yes, please explain:

_____

Informed Consent for Participation in Adventures in Cooking

During a regular Adventures in Cooking session, your child will participate in activities, supervised by their leader which may include, but are not limited to:

- Use of cooking and food preparation equipment (e.g., knives, stoves, ovens, blenders)
- Preparing and eating a variety of foods

If your child does not feel comfortable performing certain cooking tasks, we will try our best to find an alternate way to perform the task or assign another recipe/kitchen task. Children will not be permitted to cook if they are feeling unwell.

I have read and understand the information provided on this form. I also understand that there is a degree of risk involved in some activities. After considering the risks involved and having confidence that reasonable precautions will be taken for the safety and well-being of my child/ward, I authorize my child/ward to participate in the activities at Adventures in Cooking sessions as described above.

Signature of Parent/Guardian:

_____

Print Name of Parent/Guardian:

_____

Relationship to Child/Dependent:

_____

Date: _____