

Bosque Arts Center Culinary Club Young Chefs Camp

Registration Form

Monday, August 2 – Friday, August 6 2 p.m. to 5 p.m.
\$45 per student

Name of Participant: _____ Male/Female

Address: _____ City, Zip: _____

Daytime Phone: (____) _____ 2nd Phone: (____) _____

Email Address: _____

Birth date: _____ Age: _____ Last Grade Completed: _____

Parent/Guardian: _____

LIMITED CLASS SIZE. If class is full we will contact you immediately. Your name will automatically be placed on the class waiting list, and if an opening should become available you will be notified immediately. *Please note: There are a limited number of spaces available for this camp, and registration is on a first-come first-serve basis* Limited financial assistance is available. Applications may be obtained in the Arts Center office and MUST be returned to that office five (5) days prior to start of class.

RELEASE

I, _____, am the parent/guardian of

_____, a child under the age of eighteen (18) and I hereby give my permission for said instruction from the Bosque Arts Center and agree to hold the Arts Center or instructors harmless from any injuries arising out of said instruction, other than injuries caused by gross negligence of the Bosque Arts Center. In the event of an accident and/or illness, I authorize the Bosque Arts Center or one of its employees or the instructor to seek medical attention and I will assume all expenses incurred.

Bosque Arts Center is not responsible for any exposure to potential food allergens.

Parent/Guardian Signature Date

Emergency number: _____ Relationship: _____

Physician: _____ Phone: _____

Photographs including my child participating in activities
may be used for publicity purposes. YES ____ NO ____