

BUSD Cooking Club Program Registration

Spring 2012

Student Information	Parent Information
Name: _____	Name: _____
Address: _____ _____	Address: (If different from student) _____ _____
School: _____	Phone: _____
Grade: _____ Age: _____	Secondary Phone: _____
Allergies: _____ _____	Email: _____ Emergency Contact: _____
Medications: *Used to prevent/reduce Medicine-Food interaction complications.	Emergency Contact Phone: _____
Cooking Experience: (Check which applies) ___ No Experience ___ Some Experience ___ Cooks on a Regular Basis	Relationship: _____ Comments: _____

Waiver of Liability: I, the undersigned, in consideration of participation in the program(s) listed above, agree to indemnify and hold harmless, and release, waive and discharge the Benicia Unified School District (BUSD), its elected or appointed officers, officials, employees, agents and volunteers from and against any and all liability for injury or property damaged which may be suffered by the above named participant(s) rising out of, in any way connected with participation in the program(s), including injuries due to the active or passive negligence of the BUSD, its officials, employees, agents and volunteers.

I HAVE READ THE ABOVE HOLD HARMLESS AND RELEASE AGREEMENT AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR ANY INJURIES AND PROPERTY DAMAGE SUFFERED.

Signature of Parent/Guardian: _____ Date: _____

Payment: For Spring 2012, a total of \$60 is due on or before the first day of class. Cash or Checks are accepted. Payments made before the first day of class can be mailed to:

**P.O. Box 183
Benicia, CA 94510**

Checks must be made to: BUSD. Failure to make a timely payment may result in the loss of the student's spot in Cooking Club.

Sponsor a Child: ___ Yes, I would like to sponsor a less privilege child to attend the program. I'm attaching a payment of _____.

*Some children are not able to participate in afterschool programs due to financial difficulties. We have set up a scholarship account for these children so that they can participate in the BUSD cooking programs. If you would like to make a donation to this scholarship program, or if you would like to pay for another student other than the one listed on the above registration, you may include it in your payment and indicate your donation in the *comments* portion of the registration form.

**VIDEO/PHOTOGRAPHY CONSENT
PERSONAL RELEASE AGREEMENT**

I hereby grant the Benicia Unified School District, Healthy Cooking with Kids Nutrition Education Program (and all associated programs), their personnel or contractors, all rights and consent to copyright, use, or re-use, publish, or re-publish, copy, exhibit or distribute all photographs, videotapes, motion picture films and or audio tapes involving the use of my child's voice or image, by the Program for internal use, educational use, advertising or promotion without restriction as to frequency or duration of usage and without compensation to me.

Scope of Consent. The Participants may use my name and such photographs, recordings and/or images for any and all purposes including art, advertising, promotional, educational, and web, and in all media, including electronic, digital, broadcast, and print media, without further compensation to me.

This agreement may only be modified in writing signed by the parties.

I hereby certify that I am the parent or legal guardian of _____ (name) and have full right and authority to grant the consent and rights in this agreement. I have read the above consent and agreement, prior to its execution, and I am fully familiar with the contents thereof. On behalf of _____ I hereby grant my permission and consent to all the foregoing.

Signed: _____

Name of Parent or Legal Guardian: _____

Date & Time: _____