



## VOLUNTEER REGISTRATION FORM

Volunteer Age Requirement: 13-17 yrs. old

NAME: \_\_\_\_\_

WEEK(S) AVAILABLE: \_\_\_\_\_ June 26-30 \_\_\_\_\_ July 10-14 \_\_\_\_\_ July 24-28 \_\_\_\_\_ July 31-Aug 4

AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PHONE 1 #: \_\_\_\_\_ PHONE 2 #: \_\_\_\_\_

PARENT'S NAME(S): \_\_\_\_\_

EMAIL: \_\_\_\_\_

ALLERGIES/MEDICAL CONDITIONS: \_\_\_\_\_

EMERGENCY CONTACT (name + phone) \_\_\_\_\_

**This health form is correct as far as I know, and my child/ward has permission to engage in all camp activities, except as noted herein by me. In the event that I cannot be reached in an emergency, I hereby give the administrators of the Michelina's Cooking Camp and any hospital or medical personnel they designate to provide any medical treatment which a medical provider deems necessary for the well being of my child/ward, including hospitalization, injections, anesthesia and/or surgery. I further consent to non-emergency first aid for my child/ward while he/she is enrolled as a participant in the Cooking Camp, as deemed necessary by the staff of the Camp.**

**Signature of Parent/Guardian:** \_\_\_\_\_

**MUST WEAR CLOSE-TOED SHOES. BRING A WATER BOTTLE.**

**DO NOT FILL IN.... ADMIN ONLY**

<u>DAY</u>	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<u>TIME IN</u>					
<u>TIME OUT</u>					

TOTAL: \_\_\_\_\_ HOURS

Administration Signature: \_\_\_\_\_

**\*\* Upon completion, save completed form to your desktop and email to MICHELINASKIDS@GMAIL.COM**