

*Michelina's*  
**Italian Restaurant**  
 Catering

**COOKING CAMP 2025 VOLUNTEER REGISTRATION FORM**

**\*ONE FORM PER VOLUNTEER\***

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

WEEK(S) AVAILABLE: \_\_\_\_\_

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

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

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

PARENT'S NAMES: \_\_\_\_\_

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.**

Week 1: June 2nd-6<sup>th</sup>    Week 2: June 9th-13th  
 Week 4: June 23rd-27th    Week 5: July 14th-18th  
 Week 7: July 28th-Aug 1st    Week 8: Aug. 4th-8th

DO NOT FILL IN - ADMIN ONLY

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
TIME IN					
TIME OUT					

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

When the form is completed, please email it to:

[michelinaskids@gmail.com](mailto:michelinaskids@gmail.com)

X

\_\_\_\_\_  
 Camp Administration