\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Center for Learning and Chef Dad’s Table**

**Class Registration Form**

Participant’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate\_\_\_\_\_\_\_\_\_\_ Current Age\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_

Telephone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Information**

Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In an emergency when the above cannot be reached, please contact:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Allergies, if any\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Dietary restrictions, if any\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other medical conditions, if any\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you/your child have an IEP or 504 Plan in effect? If so, please list pertinent information\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please list any other pertinent information that you would like us to know about you/your child\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What would you/your child like to gain from this class?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Hold Harmless Agreement, Waiver, and Release**

In consideration of my minor child being permitted by Scott Noye, The Center for Learning, and Chef Dad’s Table, LLC. to participate in private classes/cooking class/camp, I hereby waive, release, hold harmless, and discharge any and all claims and demands for damages or personal injury, causes of action or injury, lawsuits, death, property damage, and liabilities, of all natures, whether it is known or unknown, in law or in equity which I or my minor child may have or which may hereafter accrue as a result of my participation in said activity (including known or unknown allergic reactions). This release is intended to discharge, in advance, The Center for Learning, Chef Dad’s Table, LLC., Scott Noye, employees, members, faculty, staff, and all other members of its cooking school staff whether contracted or employed, from and against any and all liability arising out of or connected to in any way with any participation in said activity. I understand that the activity that I am or my minor child is participating in may be of a hazardous nature and/or include physical and/or strenuous activity, that serious accidents occasionally occur during the said activity; and that participants in the said activity can occasionally sustain personal injuries as a consequence thereof. Knowing the risks involved, nevertheless, I or my minor child have/has voluntarily applied to participate in said activity, and I hereby agree to assume any and all risks of injury or death and to release and hold harmless The Center for Learning, Chef Dad’s Table, LLC., Scott Noye, employees, members, faculty, staff, and all other members of its cooking school staff whether contracted or employed, who might otherwise be liable to me. I further understand and agree that this waiver, release and assumption of risks is to be binding on my heirs and assigns.

It may be necessary to cancel, postpone or change the dates and times of classes. I understand and agree to release and hold harmless The Center for Learning, Chef Dad’s Table, LLC. and Scott Noye, employees, members, faculty, staff, and all other members of its cooking school staff whether contracted or employed, from and against all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly, from or related to any and all claims made by or against any of the released party due to injury, loss, financial loss, or death from any and all causes, whether or not related to Covid-19.

I hereby grant The Center for Learning, Chef Dad’s Table, LLC. and Scott Noye all rights and consent to copyright, use, re‐use, publish or re‐publish, copy, exhibit or distribute all photographs and/or video of myself and my minor child to be used for the website and any educational, training or promotional electronic or printed material without restriction as to frequency or duration of usage and without compensation. I hereby authorize the use and sharing of my contact information with like-minded organizations that share similar interests and focus.

By signing this waiver, I acknowledge that I have carefully read this Hold Harmless Agreement, Waiver and Release and fully understand its contents. I am aware that this is a release of liability and a contract between myself, The Center for Learning, Chef Dad’s Table, LLC., and Scott Noye and any staff member of The Center for Learning, Chef Dad’s Table, LLC. and Scott Noye’s whether contracted or employed.

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Covid-19 Release**

The World Health Organization and the CDC has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, the government has set recommendations, guidelines, and some prohibitions which The Center for Learning, Chef Dad’s Table, LLC. and Scott Noye adheres to and complies.

**In consideration of my/my minor’s participation in the foregoing, the undersigned acknowledge and agree to the following:**

\*I am aware of the existence of the risk by my physical appearance at the venue and my participation in the activity that may cause injury or illness such as, but not limited to influenza, MRSA, or Covid-19 that may lead to paralysis or death.

\*I have not, nor has anyone else in my household, including the person taking this class, experienced symptoms of fever, fatigue, difficulty in breathing, or dry cough, or exhibiting any symptoms relating to Covid-19 or any other communicable disease in the past 14 days.

\*I have not, nor has anyone in my household traveled by air or sea, or traveled by any means of transportation to a high-risk state or location in the past 14 days.

\*I have not, nor has anyone in my household, been diagnosed to be infected with Covid-19 in the past 14 days.

**After reading the above, I hereby declare:**

I am fully and personally responsible for my own safety and actions, and that of my child, while and during my participation and I recognize that I may be in risk of contracting Covid-19. With the full knowledge of the risks involved, I hereby release, waive, hold harmless, and discharge any and all claims and demands for damages or personal injury, causes of action or injury, lawsuits, death, property damage, and liabilities, of all natures, whether it is known or unknown, in law or in equity which I or my minor child may have or which may hereafter accrue as a result of Covid-19. This release is intended to discharge, in advance, The Center for Learning, Chef Dad’s Table, LLC. and Scott Noye, employees, members, faculty, staff, and all other members of its cooking school staff whether contracted or employed, from and against any and all liability arising out of or connected to in any way with any Covid-19 or sustained by me related to Covid-19 while participating in this activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to Covid-19

 Knowing the risks involved, nevertheless, I or my minor child have/has voluntarily applied to participate in said activity, and I hereby agree to assume any and all risks of injury or death and to release and hold harmless The Center for Learning, Chef Dad’s Table, LLC. and Scott Noye, employees, members, faculty, staff, and all other members of its cooking school staff whether contracted or employed, from and against all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly, from or related to any and all claims made by or against any of the released party due to injury, loss, or death from or related to Covid-19. By signing below I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; That I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed; that I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation. This waiver will remain effective until laws and mandates relevant to COVID-19 are lifted.

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please select your class(es) from below:**

**Winter and Spring 2022**

 \_\_\_\_ A, B, C…Cook with Me for Toddlers $180 \_\_\_\_\_

 \_\_\_\_\_Holiday Cooking Class 1A (ages 6-10) $400 Full 10 weeks) \_\_\_\_\_

 $225(First 5 weeks) \_\_\_\_\_\_\_

 $225(Second 5 weeks) \_\_\_\_\_

 \_\_\_\_\_Holiday Cooking Class 1B (ages 11-18) $400(Full 10 weeks)\_\_\_\_\_

 $225(First 5 weeks) \_\_\_\_\_\_\_

 $225(Second 5 weeks) \_\_\_\_\_

 \_\_\_\_\_Mediterranean/Middle East Cooking for Teens $450(Full 10 weeks) \_\_\_\_\_

 $250(First 5 weeks) \_\_\_\_\_\_\_

 $250(Second 5 weeks) \_\_\_\_\_

 \_\_\_\_\_Teen Personal Finance $150 \_\_\_\_\_

 Total $\_\_\_\_\_

**Drop off/Pick up Authorization Form**

Participants Name:

People authorized to pick up participant:

Name:

Relation:

Phone Number:

Driver’s License ID Number:

Name:

Relation:

Phone Number:

Driver’s License ID Number:

Name:

Relation:

Phone Number:

Driver’s License ID Number:

Name:

Relation:

Phone Number:

Driver’s License ID Number:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize the above people to pick up my child,\_\_\_\_\_\_\_\_\_\_\_\_\_\_, from The Center for Learning/Chef Dad’s Table.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_