

ActiveChefs Program Registration

Register: online at www.ActiveChefs.ca

OR complete and return this Registration Form OR email a scanned copy to register@activechefs.ca

- ➤ Parent/legal guardian MUST read, complete and sign this form.
- > Please complete a separate form for each program registration and for each child participant.

We protect and respect your privacy. Your personal information is used to communicate within our organization and will be used for the purpose of program registration and allocation of staff & resources.

		1			
ActiveChefs Program Location:		Program Date(s)/Time:			
Foo/Contribution (required) \$:		Donation (v	(aluntary)	ċ.	Cash / Cheque / Online
Fee/Contribution (required) \$:		Donation (voluntary) \$:			· · ·
* Tax receipts are issued for eligible of ** Official tax receipts are automatic					
*** For offline donations or if you did	d not receive a tax rec	eipt at the tir	me of don	ation, please	contact us ***
Java vou proviously registered with A	ctiveChofc2 VES / NO				
lave you previously registered with A	ctivechers? YES / NO	,			
Child's Name:	Date of Birth	ı:		Age:	
Gender: Male / Female	Grade:			School:	
List any food-product allergies, dietar	ry restrictions or med	ical condition	that we s	hould be awa	are of:
Diagram has a distant that that all of according	hast varios / nambo	la aatiana a	مالم مم مالم	.	*
Please be advised that not all of our	nost venues / partne	er locations a	re an alle	rgy-free envir	ronment *
Parent/Guardian:			Relationship to Child:		
Address:			Home Phone:		
Alternate Phone:			Contact E	mail (REQUIRI	ED and PRINT in CAPITAL)
All communications and confirmatio	ns will be sent to you			, , , , ,	,



	Relationship to Child:
Phone	::Alternate Phone#:
We w	I need volunteers during the program, please let us know if you'd like to help out: YES / NO
Inforr	ed Consent
2. 3. 4.	I/We have read and understood the information provided in this form and give permission for my son/daughte participate in the ActiveChefs program. I/We, hereby warrant that my/our child is physically and psychological to participate in on-site/off-site activities and understand that the choice to participate brings with it the assumption of those risks and results which are part of these activities. I/We hereby willingly consent to releast ActiveChefs, its officers, directors, employees, volunteers, agents & independent contractors, other partners avenue providers from all liabilities and waive all claims and demands arising from any personal injuries, loss or damage of any kind to my/our child while participating in the ActiveChefs program/event. I/We consent to give ActiveChefs permission to gather my/our child's personal information for the purpose of ActiveChefs programs, events and activities; determining eligibility, age group, and appropriate level of program and Attendee's personal health information including allergies, emergency contact and medical history for use the case of a medical emergency. I/We understand that photographs and/or videos may be taken of my/our child and may be used for display, publications and promotion of ActiveChefs including personal name/identifying information. I/We permit ActiveChefs to collect and use information provided and contact me/communicate as needed.
	have read and understood the information provided.
	arent/Guardian Signature:
	the following is applicable ONLY for after-school programs: ill be fully responsible for transporting my/our child to/from the ActiveChefs program location and for timely p