

## **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.

ActiveChefs Program Location:		Program Date(s)/Time:			
Fee/Contribution (if required) \$:		Donation (voluntary) \$: Cash / Cheque / Online			
* Tax receipts are issued for eligible  ** Official tax receipts are automa  *** For offline donations or if you	tically emailed when yo	ActiveChefs and ou donate online	qualify for charita	able tax credit in Canada * efs.ca **	
lave you previously registered with	ActiveChefs? YES / NC	)			
Child's Name:	Date of Birth	1:	Age:		
Gender: Male / Female	Grade:		School:		
List any food-product allergies, diet	ary restrictions or med	ical condition tha	at we should be av	ware of:	
Please be advised that not all of o	ur host venues / partne	er locations are a	ın allergy-free env	vironment *	
Parent/Guardian:		Rela	ationship to Child:		
raieny Guarulan.		Reid	Relationship to child.		
Address:		Hor	Home Phone:		
Alternate Phone:				IRED and PRINT in CAPITAL)	



Nam	Relationship to Child:
Phon	: Alternate Phone#:
We v	need volunteers during the program, please let us know if you'd like to help out: YES / NO
2 2	I/We have read and understood the information provided in this form and give permission for my son/daughter to participate in the ActiveChefs program. I/We, hereby warrant that my/our child is physically and psychologically for 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 release ActiveChefs, its officers, directors, employees, volunteers, agents & independent contractors, other partners and venue 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 in 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.
	rent/Guardian Signature:Date:
	he following is applicable ONLY for after-school programs:  Il be fully responsible for transporting my/our child to/from the ActiveChefs program location and for timely pick-
I/We and s	e return home immediately following the conclusion of the program. At the end of each session, my/our child volume as follows: Tick/complete the appropriate box