

**Registration Form for Cooking with Chef Jay**

Second Session: 2015 March 5<sup>th</sup>, 12<sup>th</sup> and 26<sup>th</sup>

2:30-5:30 p.m.

Hamden Middle School



Date \_\_\_\_\_

Participant Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Current Grade \_\_\_\_\_ School Attending \_\_\_\_\_

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone (H) \_\_\_\_\_

(W) \_\_\_\_\_ (C) \_\_\_\_\_ E-mail \_\_\_\_\_ Referred By: \_\_\_\_\_

\*\*\*\*\*  
**Ethnicity:** Hispanic/Latino    Not Hispanic /Latino    Unknown

**Race:** American Indian or Alaska Native    Asian    Black or African American  
Native Hawaiian or Other Pacific Islander    Multiracial    White    Other    Unknown

**Family Constellation:** Two birth/adoptive parents    Step and birth parent    Single parent (female)  
Single parent (male)    Grandparents    Relative/Guardian    DCF Guardianship    Foster parent(s)  
On own    Joint Custody    Other

\*\*\*\*\*  
**Emergency Contact**

Name, addresses and phone of persons who can assume responsibility of the child if parents cannot be reached immediately and are authorized to take the child from facility:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Phone (C) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Phone (C) \_\_\_\_\_

**Hospital to be called** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Please list any major health problems, allergies, diet, medications, other:** \_\_\_\_\_

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I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ do hereby give my permission for my child/dependent named above to participate in the Cooking with Chef Jay program held at HMS. I, for myself, my spouse, my child/dependent and on behalf of my heirs, assigns and next of kin assume all risks and hazards incidental to the conduct of the activity; agree to hold the Town of Hamden, it's officers, officials, employees, agents and servants harmless and to waive all rights or claims for liability, damages or benefits of any nature, whether legal or equitable against the Town of Hamden and it's officers, officials, employees, agents and servants, in the event of any injury, accident, natural causes or any other illness as a result of his/her participation in the program. I also grant permission for medical treatment and if necessary hospitalization by ambulance transport.

I understand that photographs and names may be used for displays, on Town of Hamden website, or in articles in local newspapers.

Please circle.

I, \_\_\_\_\_, parent/guardian do / do not give permission to photograph my child.

I, \_\_\_\_\_, parent/guardian do / do not give permission to use my child's name.

**Signature of parent/guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_