

INSPIRE Culinary Camp Registration Form

We combine hands-on cooking and baking with lessons in nutrition, food safety & sanitation, and kitchen-basics - all in a laid-back, fun-filled camp atmosphere.

DATE OF REGISTRATION

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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PERSONAL INFORMATION

Full Name :

Nickname :

Date of Birth :

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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Email :

Gender :

☐

Male

☐

Female

CIRCLE CAMP(S) TO REGISTER

JULY 7-10

Cooking Basics

JULY 14-17

Creative Cooking

JULY 21-24

Baking Basics

JULY 28-31

Joy of Baking

ADDRESS

Street Address :

The City :

Parent/Guardian

Phone :

Cell Phone

Camp Days & Times

Each camp week is Monday - Thursday

Attendees ages 7-11 are in the morning session 9:00 am - Noon

Attendees ages 12-17 are in the afternoon session 1:00 pm - 4:00 pm

Camp Fees

Camp Week Fee is \$225 for members and \$250 for non-members. 50% deposit due at registration with the balance due one week prior to the first day of camp. No Refunds will be given in the fourteen (14) days prior to the first day of camp.

ACADEMY ADDRESS

A : 180 Laurel Street • Florence, OR 97439

P : 541-590-0351

E : info@inspireculinary.org

Parent/Guardian Signature

Officer Signature

Medical Consent Form

By enrolling my child in INSPIRE Culinary Academy Summer Culinary Camp, I the undersigned parent or legal guardian, acknowledge and agree to the following:

MEDICAL AUTHORITY

I hereby authorize the camp staff, directors, and designated medical personnel to administer first aid to my child and, if necessary, seek emergency medical treatment from licensed medical professionals or facilities

DISCLOSURE OF HEALTH CONDITION

I have provided a complete and accurate information regarding my child's medical history, allergies, medications, and any physical or mental conditions that may affect participation in camp activities.

ASSUMPTION OF RISK

I understand that participation in camp activities involves inherent risks, including but not limited to working with knives, burners, ovens, stand & hand mixers, blenders, food processors.

Further, I understand that there will be other children in the class. I accept full responsibility for any injury or illness that may occur during camp participation, whether on or off camp premises.

LIMITATION OF LIABILITY

I agree to release and hold harmless INSPIRE Culinary Academy Summer Culinary Camp, its staff, directors, volunteers, and affiliates from any an all liability, claims, or expenses arising from my child's participation in camp activities, except cases of gross misconduct or willful misconduct.

MEDICATION ADMINISTRATION

If my child requires medication during camp hours, I will provide written instructions and necessary supplies. I understand that camp staff are not medical professionals and are only permitted to administer medication as directed.

COVID-19 AND COMMUNICABLE DISEASES

I acknowledge the ongoing risk of exposure to contagious diseases such as COVID-19 and agree that INSPIRE Culinary Academy Summer Culinary Camp cannot guarantee a disease-free environment. I will not send my child to camp is they are showing signs of illness or have been exposed to a contagious condition.

Parent/Guardian Name (Printed)

Camper's Name

Signature

Date _____



CAMPER HEALTH

HISTORY



180 Laurel Street • Florence, OR • 541-590-0351

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Gender: _____ Birth Date: _____ Age: _____
Month/Day/Year

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____ Day Phone: _____ Home: _____
Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____ Day Phone: _____ Home: _____

Additional contact in event parent(s)/guardian(s) can not be reached:

Name(s): _____ Relationship to Camper: _____ Day Phone: _____ Home: _____

Allergies: This camper is allergic to: _____
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: _____
(Please describe below.)

Restrictions: _____
(Please describe below.)

Medical Insurance Information:

This camper is covered by family medical/hospital insurance: _____

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Relationship to Camper: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.



CAMPER HEALTH HISTORY

Camper Name: _____

First

Middle

Last

Birth Date: _____

Month/Day/Year

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | |
|--|--|
| 1. Ever been hospitalized? | 11. Had fainting or dizziness? |
| 2. Ever had surgery? | 12. Passed out/had chest pain during exercise? |
| 3. Have recurrent/chronic illnesses? | 13. Had mononucleosis ("mono") during the past 12 months?... |
| 4. Had a recent infectious disease? | 14. If female, have problems with periods/menstruation?..... |
| 5. Had a recent injury? | 15. Have problems with falling asleep/sleepwalking? |
| 6. Had asthma/wheezing/shortness of breath?..... | 16. Ever had back/joint problems?..... |
| 7. Have diabetes? | 17. Have a history of bedwetting?..... |
| 8. Had seizures? | 18. Have problems with diarrhea/constipation?..... |
| 9. Had headaches? | 19. Have any skin problems?..... |
| 10. Wear glasses, contacts, or protective eyewear? | 20. Traveled outside the country in the past 9 months?..... |

Please explain "Yes" answers in the space below noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?
2. Ever been treated for emotional or behavioral difficulties or an eating disorder?.....
3. During the past 12 months, seen a professional to address mental/emotional health concerns?.....
4. Had a significant life event that continues to affect the camper's life?.....
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:

Name of camper's primary doctor(s): _____ Phone: _____

Name of dentist(s): _____ Phone: _____

Name of orthodontist(s): _____ Phone: _____

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

Parents/Guardians: STOP here. The rest of this is form is completed when the camper arrives at camp. Keep a copy for your records.