



Registration Form – Summer Cooking Camp

Registration for: (First) _____ (Last) _____ Age: _____
 Male/Female _____ Age as of July 1, 2018 _____ School: _____
 Camper's Home Address: _____ City: _____
 Country: _____ Prov/State.: _____ Postal Code: _____ Home PH: _____
 Parent/Caregiver Name (1): _____
 Work PH: _____ Cell PH: _____
 **Email: _____
 Parent/Caregiver Name (2): _____
 Work PH: _____ Cell PH: _____
 **Email: _____

**** Help us reduce the use of paper by providing an email address and indicate which email is your family's primary email address for communications. Whenever possible, correspondence will be via email. To ensure you receive our emails make sure that info@sproutingchefs.com is not designated as "junk mail".**

Select	Camp	Time	Date and Location Address	Age	Cost
<input type="checkbox"/>	Camp Capilano	10am to 2 pm	Monday July 23rd to Friday July 28 th Capilano Park Rd, North Vancouver, BC	7 to 13	\$375
<input type="checkbox"/>	Camp Capilano	10am to 2 pm	Sunday July 29 th to Thursday August 2 nd Capilano Park Rd, North Vancouver, BC	7 to 13	\$375

How did you hear about Sprouting Chefs? _____

Optional Sprouting Chefs Campership Contribution: If you would like to contribute an amount to go towards a fund providing the opportunity for campers who are less fortunate please contact us for more information.

Payment Calculator: Session Fee \$ _____ (Tax Exempt) Total Cost \$ _____

PAYMENT TERMS: Camper fees include all food, equipment, supervision and activities during the session. Registration must be accompanied by a minimum \$150 deposit. Full payment must be received by June 29, 2018 There is a \$55 NSF charge **Payments can be made via, cheque payable to Sprouting Chefs Society, E Transfer (info@sproutingchefs.com) Visa, or Mastercard. (Fees apply for credit card payments of 4%)**

Visa or Mastercard Payment:

Card Number: _____ Exp. Date MM ____ YY ____ CVV# _____ Postal Code _____
 Cardholder's Name as appears on the card: _____ 4% Fee _____ Total \$ _____
 Signature: _____





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Camper's Medical Information

Camper's Name: _____ Health Card Number: _____

Parent/Guardian Name: _____

Physician Name: _____ Physician's Phone Number: _____

Overall Physical Condition: Excellent Good Fair Poor

Date of last Tetanus Inoculation or Booster: Day _____ Month _____ Year _____

Does the camper have any allergies? Yes No

If yes, list including severity:

Does your child take any medication? Yes No

If yes, list and indicate if they need assistance:

Other medical concerns: (ie. Asthma, emphysema, hay fever, diabetes, epilepsy, nosebleeds, fainting, heart condition, high blood pressure, etc.)

Please list any physical, emotional or psychological limitations:

Does your child or have they ever required additional support in other programs, school or childcare?



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General Information

Camper Name:

Camp Week Location and Date:

Cooking skill levels: Please circle appropriate experience or frequency level (1 is Low, 5 is High)

Reading a recipe	1	2	3	4	5
Baking	1	2	3	4	5
Use of an oven	1	2	3	4	5
Cooked at home	1	2	3	4	5
Use of Knives	1	2	3	4	5

Personality: Circle any words that describe your child

Outgoing Shy Loves to cook A creative cook Able to Read a Recipe Helps in the Kitchen

Has your child attended other cooking camps? ___Yes ___ No

If yes, where/when:

Additional Information:

Please use this space to let Sprouting Chefs know of any other additional information you feel relevant to you/your child's safe and comfort level at our day camp. Eg: She wants to be a chef when she grows up! He would rather be baking than playing video games 😊 or My child has only cooked with me and watched more than participated.

Authorization: To the best of my knowledge me/my child does not have any communicable diseases and is physically able to participate in all cooking activities except as indicated above. All medical problems or conditions requiring ongoing medical supervision or care have been fully noted. I give permission for this health information to be shared with the appropriate people including staff and Medical Personnel.

If I have a child attending the Sprouting Chefs Day Camp Program:

I understand that I will be notified following assessment or treatment by a local physician

In case of emergency, if I cannot be reached, permission is hereby given to the camp staff to take whatever steps deemed necessary to ensure the safety and health of my child. This also allows permission for the staff at Sprouting Chefs to contact the camper's family physician.

The above information is correct to the best of my knowledge. I will notify Sprouting Chefs of any changes as soon as possible.

My signature below indicates all information of this medical and general information form is complete and accurate.

Signature of Parent/Guardian: _____ Date: _____





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Waiver Form

Camper's Name: _____

Please read carefully:

*By signing this you recognize and understand the acknowledgment of risk form and you give up all your legal rights to sue for injuries or loss caused during the period that the camper is under the supervision of Sprouting Chefs Day Camp Program.

___*We hereby forever release, discharge and hold harmless the instructors, volunteers, directors and any other staff member of Sprouting Chefs Society from any claim, action or damage arising out of the camper's activities while participating in the Sprouting Chefs Day Camp Program.

___*We further understand that Sprouting Chefs Society assumes no liability or responsibility for injury or loss to the aforementioned camper's person or property.

___*I/We have read, understood, accept and agree to abide by the policies and guidelines as set forth and acknowledge the risk involved in the Sprouting Chefs Day Camp Programs. If I have any uncertainty as to the nature of the programs I will request more information from Sprouting Chefs.

*Please initial each of the above paragraphs to ensure you have read and understood the waiver information

Signature of Parent/Guardian

Print Parent/Guardian

Signature of Witness

Print Witness Name

Date: _____





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Photo Waiver/Release

Sprouting Chefs is constantly updating its website and promotional materials. We are proud of our programs and would like to be able to show pictures that demonstrate what we do. We take pictures during all our programs. We are asking for permission to use your image or your child's image in promotional material, and on our website to promote the benefits of Sprouting Chefs programs. Photos supporting our programs also are used to thank various funders who have supported our programs including: **Whole Foods** (Cooking Classes/Community Partner. We take pictures during all our programs. We are asking for permission to use your image or your child's image in promotional material, and on our website including our social media sites: Facebook, Twitter and Instagram page, to promote the benefits of Sprouting Chefs programs.

Sprouting Chefs can use my image or my child's image (in photograph, digital, video or electronic form) for and in publications, posters, website or other media without limitation, and I agree not to make any claim for misappropriation of personality, breach of privacy, or other loss or damages against Sprouting Chefs in respect thereof.

Please indicate if you agree or disagree with the information above related to Photo Waiver/Release **by circling one of the following:**

Agree Disagree

Signature of Parent/Guardian

Print Parent/Guardian Name

Name of Camper





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Acknowledgement of Risk

Camper's Name: _____



Sprouting Chefs would like you to read the following carefully as it may affect your child's safety and the safety of others participating in this program. Once you have read it we would like you to sign the bottom of the form as an indication that you have read and understood it, and return it to us, together with the rest of your registration package.

We have taken all reasonable steps to provide you with the level of care and assurances of safety appropriate to these cooking activities. However, you should be aware that certain inherent risks remain which are integral to the activity, and which cannot be eliminated without destroying the uniqueness of the activities.

Amongst other things, some of these risks can contribute to:

-  The loss or damage of your child's personal clothing or equipment
-  Feelings of discomfort, fear, and apprehension or even
-  Accidental injury, illness or trauma, which in extreme cases may result in death

Sprouting Chefs encourages you to dress your child appropriately to cooking in a kitchen including:

-  Wearing an apron, hat or tying long hair back and away from your child's face
-  Long pants and closed toe foot wear (shorts, sandals, and flip flops are not to be worn in the kitchen. **Campers who are not dressed appropriately will not be permitted into the kitchen facilities for their own safety.**)

Depending on the variety of recipes we cover during the week and experience level of the camper, your child may be involved with any or all of the following. If you are not comfortable with any of these cooking activities you should let that be known as soon as possible. All recipes will be age appropriate. When possible, each camper will take as active a role in all or parts of the recipe as much as possible.

Whenever an activity is deemed not appropriate due to age or experience level, our chef leaders will take a more active role including placing and taking out of large heavy items from ovens, handling of large knives or use of certain kitchen equipment.

If there are any limitations or restrictions to meats, seafood or any other food products due to religious backgrounds or dietary restrictions, please inform us.

Please also note, that while your child may have attended a previous cooking class or has experience cooking at home, our team of qualified chefs and staff are still required to ensure your child has been given the proper safety guidelines in regards to any knife handling, orientation and use of small kitchen equipment, ovens, stoves or outdoor grills.

Stove top sautéing Using frying pans on the gas oven range to enhance the flavour of meats, vegetables or seafood.





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Oven We will be using the ovens to do a variety of baking or roasting. Exposure to campers will be very limited due to size of oven in relation to size of the campers.

Large mixers may be used to form large amounts of dough or cake batters.




Knife handling will be limited to campers and most foods will be prepared ahead of time by older participants or chef leaders to ensure safety and time limitations. Students will be given instruction on proper safety and knife handling techniques to minimize any cuts. Any participant who is deemed irresponsible or acting in an unsafe manner while using knives will be limited to use and access.

Slips and trips. This is the most common type of accident throughout society and in the kitchen. We will endeavour to ensure that the consequences of such a slip are not serious but you should be aware that the likelihood of falling over or slipping is greater than you are used to when in a kitchen. Greater safeties precautions will be taken due to the fact of younger participants above and beyond clear visual and standard safety guidelines

Sprouting Chefs has clear obligations and we take these very seriously. However, we will be expecting students to contribute to their own, and each other's safety by following the instructions of our chef leaders and from time to time be giving them.

Acknowledgement

I recognize:

-  That this program may require an attitude and approach different from other activities I have been involved with
-  That the nature of the risks may be different to those which I am familiar with.
-  That certain inherent risks remain

Signature of Participant _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____





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Sprout Sheet -

(for the camper to fill out please 😊)

Treat this sheet with care as it comes from you, the camper/participant -the most important person of all! Tell us more about yourself and don't be afraid to hold back 😊 Starting with the basics:

Name _____ Age _____ Birth date _____

School _____ Grade in September _____

Cooking Level: Are you a **Seedling**, **Sprout** or a **Chef in the making**? (Circle which ever applies to you)

What kind of cooking have you done already? (Circle which ever applies to you)

Baking **I make my own lunch** **Other Cooking Camps/Schools** **Home Economics**

I just watch my parents a lot!

Do you know how to **read a recipe**? ___ Yes ___ No

What kinds of food do you **like to eat the most**?

What food do you think is "**totally gross**"?

If you could learn **how to GROW** any kind of food, what would it be?

If you could learn **how to COOK** any kind of food, what would it be?





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Sprout Sheet - PG. 2

Of all the ~~awesome~~ things we are going to do this week, what are you most looking forward to?

- The "~~Dare to Eat Your Greens~~" **Fear Factor Challenge** (I'm going to win!!)
- Eating new foods
- Trying new foods
- Learning how to grow food in a garden

Finally, if you could cook dinner for anyone and ~~have a party with them~~, who would it be with and what would you make for them? (Eg. ~~I'd make a roast chicken dinner for my entire family or I would make pizza for my friends or I'd make sushi for my favourite chef~~)

On behalf of everyone at Sprouting Chefs, we'd like to take this space on the form to **Thank You** for telling us more about yourself! We can't wait to meet you and learn more about all the wonderful things you do!

If you have any questions, thoughts or concerns, give us a call 604-505-0074 or shoot us an email at info@sproutingchefs.com . We'd love to hear from you ☺





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Sprouting Chefs - Chef Ware Order Form



Name of Camper: _____ Session Date: _____

Bib Style Aprons: \$25.00

Youth Sizes: Small ____ Medium ____ Large ____

Adult Size: Small ____ Medium ____ Large ____

Pill Box Style Hat (as seen in above photo) \$15.00

Youth Sizes: Small ____ Medium ____ Large ____

Adult Size: Small ____ Medium ____ Large ____

Baker's Style Hats: \$15.00

Youth Sizes: Small ____ Medium ____ Large ____

Adult Size: Small ____ Medium ____ Large ____

**** PLEASE ALLOW AT LEAST 10 BUSINESS DAYS BEFORE ORDERING****





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Authorization for Pick Up

At Sprouting Chefs, your child's safety does not end at 2 pm. Each participant must be signed in with us and signed out with authorized permission by you, the parent. We will not release your child to any person at the end of our Summer Camp Program without your permission. This person can change if necessary by phoning us at 604-505-0074. Please inform us within 24 hours of the change. We can wait with your child up to 15 minutes after the camp session is completed. There will be a charge of \$25 per 15 minutes after that timeframe. Please ensure you inform us of any changes or lateness.

The only person(s) authorized to pick up my child

_____ (Print Name)

The phone number to reach him/her is _____.

Parent/Guardian Signature





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Cancellation Policy & Conditions of Enrolment

Sprouting Chefs believes firmly that it is a true combination of both the camper and the group of talented volunteers, chef leaders and program directors that make our camp experience successful. We believe food brings communities together in a truly unique way. Our hope is to create a family style environment where all campers and staff are respected and valued.

In consideration of acceptance of this application by Sprouting Chefs Society, I/we hereby agree as follows:

- a) That the Directors of Sprouting Chefs Society reserve the right to terminate the registration of any campers when it is deemed by the Directors to be in the best interest of the camper and/or the camp. In such an event it is understood that no refund will be made.
- b) If I have a child participating in the camp, I give camp officials authority to act on my behalf in case of an emergency
- c) To release and indemnify Sprouting Chefs Society from any and all claims for losses or articles and damages arising as a result of any accident, injury or otherwise sustained by the herein named camper arising from participation in the any camp activities.

Sprouting Chefs Society reserves the right to cancel, postpone or combine classes, to limit registration and to alter course content, instructors, dates, or times. Registrants are notified of class change by telephone, mail, or email before the course start date. Full refunds are issued for cancelled or rescheduled camps.

Payment is required in full upon booking. The can be paid by Visa, Mastercard, cheques made payable to Sprouting Chefs or cash. If for any reason you have to cancel your camp, you may reschedule or receive a refund if you notify us of the cancellation two weeks prior to camp. Please allow four to six weeks for processing. If you are eligible, you will receive a refund by:

- Credit card if you paid your registration by credit card
- Cheque if you paid your registration by cash, cheque, money order or debit
- NSF cheques are subject to a \$55 service charge and certified funds will be required

Camper Name: _____ Session Date: _____

Parent Signature: _____ Date: _____

