



Mercy High School Summer Cooking 2010

Registration Form/Emergency Contacts/Medical Information

This form must be completed and submitted with full payment for your student to be registered for a cooking class.

Please select one session. Both sessions will cover the same cuisines and class materials.

___ **Session I - June 21-July 2 - 2:00-5:00 p.m.** ___ **Session II - July 6-16 - 2:00-5:00 p.m.**

Student's Name

Date of Birth

Parent's/Guardian's Name

() _____
Home Phone Number

Address

() _____
Work Phone Number

City, State, Zip Code

() _____
Cell Phone Number

Alternative Emergency Contacts

Primary Emergency Contact Person

Secondary Emergency Contact Person

() _____
Home Phone Number

() _____
Home Phone Number

() _____
Work Phone Number

() _____
Work Phone Number

() _____
Cell Phone Number

() _____
Cell Phone Number

Medical Information

Name of Family Medical Insurance Policy and Number

Physician's Name and Phone Number

Insurance Company Address

Physician's Address

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

I give permission for my child to attend Mercy High School's summer cooking classes. I release Mercy High School and its employees and volunteers from liability in case of an accident during activities.

Parent's/Guardian's Signature

Date