



Anna B's Kitchen Registration for Camps, Classes & Parties

Please PRINT clearly one copy required for each student

Student

Name _____ Age _____

School

Attending: _____ Grade _____

Primary Contact Parent/
Guardian: _____

Phone Numbers Contact: Home (_____) _____ Cell (_____) _____ Work:
(_____) _____ Email contact: _____

Emergency Contact: Name _____

phone(_____) _____

How Did You Hear About Us?

Class, Camp or Party signing up for?

Confidential Medical Information:

Physician's Name _____ Phone _____ Health

Insurance Carrier: _____ Food or Medical Allergy(s) _____

Medical Release

I hereby authorize emergency medical treatment for the above-named participant in the event of any injury sustained during participation in "Anna B's Kitchen" camps, classes or parties. I hereby authorize any health-plan participating or non-participating physician, hospital or other health care provider to give emergency medical care and treatment to the above named participant at no cost to and "Anna B's

Kitchen”. The undersigned has read this medical authorization consent form and declares and affirms consent to the content herein stated. I assume all financial responsibility and waive all claims or future claims against , its organizers, volunteers, sponsors, employees, agents, program participants and anyone else acting in any capacity on their behalf for any injuries sustained by the above-named participant. I understand that if my child becomes ill or is injured and I cannot be reached, the staff of and “Anna B’s Kitchen” will direct my child to be taken to a physician, hospital, etc., as the situation or occurrence may dictate. I authorize treatment which may be advised or recommended by an attending physician.

Photographic Release

I authorize that photographs, videotapes and/or interviews may be taken of the above participant and that such photographs, videotapes or interviews may be published and used to promote and “Anna B’s Kitchen”. I also give permission to reproduce photographs taken of artwork for promotional purposes.

Safety / Acknowledgement of Risk

The safety of each participant is our highest priority. We take all reasonable precautions to ensure you or your child’s physical and emotional safety. However, as in any other experience, we cannot eliminate all risk. By signing the following statements you will be acknowledging that you understand the risks of participating in classes, assuming liability for you or your child’s participation and certifying that your application is complete and truthful. I also understand that all classes are taught at Anna B’s Kitchen’s Barn and home and at times in public locations. Any activity, including this one, can be the cause of personal injury, property damage, illness or death.

Assumption of Liability

In recognition of the potential hazards, I, or my children, my heirs and assigned, do hereby release Anna Barrera , its organizers, volunteers, sponsors, employees, agents, program participants and anyone else acting in any capacity on their behalf from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, and specifically including any claim for negligence or negligent acts, arising from my or my child’s participation in “Anna B’s Kitchen” classes and camps. I further agree to hold harmless and indemnify Anna Barrera, her organizers, volunteers, sponsors, employees, agents, program participants and anyone else acting in any capacity on their behalf and its agents for all defense costs, including my attorney’s fees and any other costs resulting in connection with my child’s participation.

“Anna B’s Bakery” reserves the right to ask any child not to return due to behavioral problems. If a child is asked to leave our program, all fees will be forfeited and no refund will be given.

_____ Signature of Parent/Guardian Date

PLEASE INCLUDE 50% Payment to secure camp space.

Checks made out to Anna Barrera or Anna B's Kitchen and mailed to: 1300 Mountain View Avenue,
Petaluma CA 95952