BETHEL COMMUNITY COOKING CLASS

Registration & Waiver Form

The following information must be provided in order for participation in Bethel's Cooking Class.

Name: _____

Address: _____
Apt. /House # Street Province Postal Code

Phone Number: _____ **Emergency Contact #:** _____

Email: _____

Food Allergies: _____

Dietary Restrictions: _____

Other Information/Health Concerns: _____

I_____ , acknowledge that Bethel Christian Reformed Church in Waterdown, Ontario is not liable for any injury or illness that might be a direct or indirect result of the undersigned's participation in the cooking class hosted by Bethel Christian Reformed Church, 616 Dundas St, Waterdown, Ontario; dated: _____ to _____ 2011.

Dated at Waterdown, ON; this day of: _____
(dd/mm/yyy)

_____ _____
Name of Participant (Please Print) Age

_____
Signature of Participant

_____
Signature of Parent or Guardian (if participant is under 18)

☐ I consent to having my photograph taken by Bethel Community Kitchen. I understand that these photos are the property of Bethel Community Kitchen and will/may be used for promotional purposes.