



“Basic Cooking Skills” Registration Form

For students ages 16-21

July 14, 2016, 4:30 p.m.—6:30 p.m.

Register by July 13, 2016

Last Name: _____ First Name: _____ MI: _____

Date of Birth: ____/____/____ Age: _____ School Attending: _____

Address: _____ City: _____ State: ____ Zip: _____

Mother/Guardian’s Name: _____ Phone: (____)_____

Business Phone: (____)_____ Cell Phone: (____)_____

Father/Guardian’s Name: _____ Phone: (____)_____

Business Phone: (____)_____ Cell Phone: (____)_____

If participant does not live with both parents/guardians, list which one participant lives with:

If parent/guardian is not available in an emergency, notify the following listed in order of preference: (A minimum of two names at separate addresses is required.)

1. Name: _____ Relationship: _____ Phone (____)_____

Business Phone: (____)_____ Cell Phone: (____)_____

2. Name: _____ Relationship: _____ Phone (____)_____

Business Phone: (____)_____ Cell Phone: (____)_____

3. Name: _____ Relationship: _____ Phone (____)_____

Business Phone: (____)_____ Cell Phone: (____)_____

Other Person(s) authorized to provide transportation and/or pick up participant for activities:

1. Name: _____ Relationship: _____ Phone: (____) _____
2. Name: _____ Relationship: _____ Phone: (____) _____
3. Name: _____ Relationship: _____ Phone: (____) _____

Alternative format of materials required: _____

Contact Jenny, ILRC Youth Specialist, to discuss any accommodations needed.

The participant has been diagnosed with the following condition(s): _____

Known Allergies: _____

PHOTO RELEASE: I hereby authorize Independent Living Resource Center, Inc. hereafter referred to as "Company" to publish photographs taken of my child and my child's name and likeness, for use in Independent Living Resource Center, Inc.'s print, online and video-based marketing materials, as well as other Company publications.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Independent Living Resource Center, Inc., its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

Signature of Parent or Guardian

Date