



# Mercy High School Summer Cooking 2011

## 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 20-July 1 - 2:00-5:00 p.m.** \_\_\_ **Session II - July 5-15 - 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