

# KIDS AGED 9 - 11 FOOD EXPLORERS COOKING CLUB

Date: \_\_\_\_\_ Are you a food bank client?  Yes  No

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_

I would like to register for the following Food Explorers Cooking Club

- Mornings August 26th—30th 10:00 AM—12:00 PM
- Afternoons August 26th—30th 2:00 PM—4:00 PM

**Emergency Contact:**

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

How will your child get home: \_\_\_\_\_

Name of Family Members or Friends who may pick up your child (other than yourself):

Name	Relation

Please submit your application at the Regina Food Bank or by emailing [programs@reginafoodbank.ca](mailto:programs@reginafoodbank.ca)



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Please list all food allergies and/or intolerances: \_\_\_\_\_

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What symptoms does your child have: \_\_\_\_\_

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Suggested precautions : \_\_\_\_\_

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Please describe any medical conditions: \_\_\_\_\_

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**I agree to allow the Regina Food Bank and affiliated parties to use photographic/video images of my child taken while participating in this program. This may be used for the purpose of reporting or promotional program material.**

**I release the Regina Food Bank of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his/her participating in the program, and hold harmless any Regina Food Bank staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.**

Signature of parent or guardian: \_\_\_\_\_

Name of parent or guardian (please print): \_\_\_\_\_

