Bath Township Parks & Recreation
Teen Cuisine Registration Form 2019

Participant's Name_____ Phone_____ Email_____

Address_____ City _____Zip _____

Age_____ If ages 10-12 name of the adult who will accompany you to class_____

Important Emergency Care Permission

In case of illness or injury, contact one of the following persons in the order indicated.

1. _____ Phone_____
2. _____ Phone_____
3. _____ Phone_____

List any medical conditions instructor should be aware of? _____

To participate, you must read and sign below.

Release of Liability

In case of serious injury or illness, I hereby request that authorized personnel transport myself/child directly to the nearest hospital, or send by ambulance if needed, and I will assume all financial obligations. I hereby give my consent for the above participant/myself to engage in this activity, and understand the possibility of injury as a result of said activity.

In consideration of participation in this activity the undersigned intends to be legally bound for themselves and their heirs, executors and administrators, and waive and release any and all claims and causes of action for any injuries and damages they may have against Bath Charter Township, its officials, representatives, volunteers, successors and assigns for any and all injuries or damages suffered in the connection with this program.

Consent to Photograph/Videotape and Disseminate Without Compensation

I hereby consent for me or my child to be photographed/videotaped while participating in any activity offered by Bath Township Parks & Recreation. In addition, I consent to the reproduction and use of any such photographs and videotapes by Bath Twp. Parks & Recreation for educational, informational, public relations and promotional purposes and I waive any claim by myself, the above-named minor child, or anyone claiming under or through us, for compensation of any kind in exchange for such photographs, videotapes and use.

_____ _____
Parent/Guardian Signature (circle one) Date

_____ _____
Name of Family Doctor (optional) Phone