**SWEET TOOTH CRAVINGS**

**KIDS CLASS WAIVER**

I’m Tammy Cavallucci and I am so excited to be working with your child in my kid’s camp held on **Monday, July 28th through Thursday, July 31st from 11:00am-3:00pm at 194 Augusta Course Ave, 89148.**

Parents or Guardians please fill out the following information.

If your child has any allergies or food they can or should not eat please let me know ASAP!

Your Child’s or Children’s Name:

Parent’s Name:

Parent email address:

Parent Phone Number:

I understand that my child will be exposed to a variety of foods. I understand my child will be working with cooking and baking tools and appliances with supervision. I understand the nature of the proposed activities and hereby assume any and all risks associated with those activities. My child(ren) has my permission to participate in Sweet Tooth Craving’s Kids Class. By signing below I release any claims, damages and liabilities arising from or related to my child’s participation in this class. I also give permission for my child to be photographed and may be posted on social media sites.

Signature Date

In case of emergency please contact:

Phone number of contact:

Would you like to receive emails & texts regarding future classes & events? Please circle one:

Yes or No

**Tammy Cavallucci**

(714)614-2203