

# Little Chef Academy

Kids Cooking Classes by Bay Leaf Table  
Instructor/Chef Elena Martinez

*Kids Cooking Class*  
**Registration Form**

Individual Class \_\_\_\_\_  
Monthly \_\_\_\_\_

**Parent/Guardian information:**

- Full Name: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

**Child's Information:**

- Full Name: \_\_\_\_\_
- Age: \_\_\_\_\_
- Any Dietary Restrictions or Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information:**

- Emergency Contact Name: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

**Liability Waiver and Consent:**

I the undersigned parent/guardian, hereby grant permission for my child to participate in the kid's cooking class. I understand that cooking activities involve certain risks, including cuts, burns, and potential exposure to allergens. I agree to hold the organizers and instructors harmless in the event of any injury or allergic reaction that may occur during the class. I also give consent for my child's photograph to be taken during the cooking class for promotional purposes, including but not limited to websites, social media, and print materials.

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_