

# LEANING LADDER

## Registration Form

- Please complete one form per camper -

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Childs Comfort Level in a Kitchen Setting? On a Scale from 0 – 10 (0= has spend little to no time in kitchen setting—10= has skills be the next Bobby Flay or Carla Hall).

0 -----5-----10

Favorite thing to Cook/ Bake / Create? \_\_\_\_\_

Has prior use with knife handling at home? YES SOMEWHAT NO

What is your child most looking forward to? \_\_\_\_\_

Does your child have any restrictions, food allergies, or other considerations for a successful camp experience? YES NO

If yes, please explain: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

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

How did you hear about us? \_\_\_\_\_ Returning Camper \_\_\_\_\_ Leaning Ladder Website \_\_\_\_\_ Word of Mouth Referral \_\_\_\_\_ Facebook \_\_\_\_\_ Magazine/ Publication \_\_\_\_\_ Billboard \_\_\_\_\_ Flyer /Poster Other: \_\_\_\_\_

**Camp Store:** Each camper, for each week registered, receives a \$15.00 camp store credit. Additional items may be purchased.

\$15.00 Leaning Ladder Apron \_\_\_\_\_ \$15.00 Cookbook (Recipes from Week) \_\_\_\_\_

\$15.00 Blood Orange Brownie Kit \_\_\_\_\_

**Please refer a friend, with each referral your name will be entered for a chance to win 2 seats for an upcoming Sunday Supper (Kid / Adult Cooking Class). Drawing will happen in June. Prize is valued at \$70.00**

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

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

(Use additional sheet if needed)

# LEANING LADDER

## Registration Form—Payment

### CAMP SESSIONS

Please indicate which camp session (s) you are registering for.

\*Please note that there are no partial sessions. **Please see pages 6-8 for a full description of each camp.**

**Session a** indicates ages 7-11, and **Session b** ages 12-16

\_\_\_\_\_ Session 1a **S.T.E.A.M in the Kitchen** \$225.00 per camper (4 Day Program)

\_\_\_\_\_ Session 1b **Food Fads** \$225.00 per camper (4 Day Program)

\_\_\_\_\_ Session 2a **Disney Magic** \$275.00 per camper (5 Day Program)

\_\_\_\_\_ Session 2b **Culinary Superstars** \$275.00 per camper (5 Day Program)

\_\_\_\_\_ Session 3a **Sweet & Savory Baking** \$275.00 per camper (5 Day Program)

\_\_\_\_\_ Session 3b **Sweet and Savory Baking** \$275.00 per camper (5 Day Program)

\_\_\_\_\_ Session 4 **Itty Bitty Week** (Ages 4-6) \$275.00 per camper (5 Day Program)

\_\_\_\_\_ Session 5a **Global Gourmet** \$275.00 per camper (5 Day Program)

\_\_\_\_\_ Session 5b **Global Gourmet** \$275.00 per camper (5 Day Program)

\_\_\_\_\_ Session 6a **Christmas in July** \$175.00 per camper (3 Day Program)

\_\_\_\_\_ Session 6b **Christmas in July** \$175.00 per camper (3 Day Program)

\_\_\_\_\_ Session 7a **Farm to Table** \$275.00 per camper (5 Day Program)

\_\_\_\_\_ Session 7b **Farm to Table** \$275.00 per camper (5 Day Program)

\_\_\_\_\_ Session 8a **Summer Rewind** \$175.00 per camper (3 Day Program)

\_\_\_\_\_ Session 8b **Summer Rewind** \$175.00 per camper (3 Day Program)

\_\_\_\_\_ Session 9a **Spanish Immersion** \$250.00 per camper (3 Day Program)

\_\_\_\_\_ Session 9b **Spanish Immersion** \$250.00 per camper (3 Day Program)

**Would you like to purchase additional camp store merch? \$15.00 each**  
 \_\_\_\_\_ Apron    \_\_\_\_\_ Brownie Kit    \_\_\_\_\_ Cookbook

### PAYMENT

Camp Session \$ \_\_\_\_\_ + \$ \_\_\_\_\_ + \$ \_\_\_\_\_ = \_\_\_\_\_

Additional Camp Store Purchase (if any) \$ \_\_\_\_\_ Total Due: \_\_\_\_\_

Full Payment is due upon registration. Payment plans can be accommodated with prior approval.

\_\_\_\_\_ Check Enclosed    \_\_\_\_\_ I paid via Eventbrite    \_\_\_\_\_ I will call or stop in to make a payment

*Store Hours: Monday –Saturday 11-7pm and Sunday 11-5pm*

Cancellations will result in the forfeiture of the full tuition, unless ample notice is given, at least 7 days prior to first day of camp.

I have read, understand and agree to the terms of this application.

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

# LEANING LADDER

## Authorized Pick Up and Medical Release

### COMPLETE ONE FORM PER CHILD

Anyone picking up a camper must be listed below.

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List up to 3 other people (other than parent/guardian) who are authorized to pick up the camper and should be contacted in case of a medical emergency or emergency pick-up if parent/guardian cannot be reached.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Emergency Medical Release** In case of an emergency, I understand every effort will be made to contact me or the emergency contact persons listed above. In the event that we cannot be reached, I hereby give permission to the physician listed on this form to hospitalize, secure proper treatment and to order anesthesia or surgery for my child.

Physician's Name: \_\_\_\_\_ Hospital Affiliation: \_\_\_\_\_

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

Medical Insurance Provider: \_\_\_\_\_ Policy and/or Group #: \_\_\_\_\_

Allergies and Medications Known Allergies: \_\_\_\_\_

If your child has other needs (language, learning disability, speech, hearing, food allergies, etc) please contact the camp staff at 678-401-2609 prior to start of camp.

I authorize Leaning Ladder, LLC as agent for the undersigned to consent with respect to said minor, to an x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and to rendered under general or special supervision of, any medical staff, physician or surgeon. I understand that Leaning Ladder, LLC is not responsible for costs incurred for medical care.

I have read, understand and agree to the terms of this AUTHORIZED PICKUP LIST / EMERGENCY MEDICAL RELEASE.

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



# LEANING LADDER

## Waiver and Photo Release

PROGRAM: The minor Participant ("Participant") will participate in the following activity or activities at Leaning Ladder:

Children's Cooking Camps and Cooking Classes (the "Programs")

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

Parent / Guardian Name: \_\_\_\_\_

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

Phone Numbers: \_\_\_\_\_ Email: \_\_\_\_\_

ALLERGY AND OTHER INFORMATION: Please describe any allergies or food sensitivities your child has. If your child has no allergies, type or write "None" \_\_\_\_\_

Emergency Contact – Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Email: \_\_\_\_\_

By signing this Assumption of Risk, Release of Liability and Waiver, I represent that it is my desire and intent that the child identified above (my Child) participate in the Programs of Leaning Ladder described above.

I represent that I have the authority to enter into this agreement on behalf of my Child as the Child's parent or legal guardian.

I acknowledge that the participation of my Child in the cooking classes, which includes participating in activities related to preparing and eating food, involves known and unknown risks, including the risk of physical injury, death and other damage. On behalf of my Child, I expressly and voluntarily assume any and all risks associated with participation in the cooking class(es) and eating the food prepared there. I understand that there are risks inherent in cooking and eating the food prepared, including but not limited to, slips, falls, cuts, burns, choking, food allergy reactions and other accidents and injuries that may arise from the activity of cooking and eating the food prepared in class. In consideration of my Child being permitted to attend and participate in the cooking class(es) and any and all of the activities that are or might be associated with Leaning Ladder, on my Child's behalf, I release and further agree to indemnify, defend and hold harmless Leaning Ladder and its members, managers, officers, owners, employees, agents, contractors, representatives, volunteers, interns, and insurers, from any and all claims, demands, actions, causes of action, lawsuits, expenses or losses (including attorney fees) whatsoever that could be brought by me, my Child or a third party acting on behalf of my Child or me for acts or omissions related in any way to, or arising out of, the cooking classes and the preparation of food in that class for consumption.

I do hereby consent and agree that Leaning Ladder and its employees, agents, and partners have the right to take photographs, videotape, or digital recordings of my Child while a class participant, and to use these in any and all media, now or hereafter known. I waive any rights, claims, or interest I may have to control the use of my child's identity or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording my Child, either for initial or subsequent transmission or playback.

The undersigned acknowledges that the Participant does not have any physical limitations, Allergies/Dietary Restrictions (other than noted above), medical ailments, physical or mental disabilities that would limit or prevent the Participant from participating in the above-mentioned activity. If required, the Participant will obtain a medical examination and clearance.

The undersigned acknowledges that Leaning Ladder reserves the right to limit a child's participation in the Programs for excessive horseplay or disruption that could cause harm to the other participants or staff.

This Agreement shall be governed and interpreted under Georgia law. I acknowledge that I have read and understand this document, which affects my Child's and my legal rights, and I am signing it on behalf of the Child, as well as his/her heirs and assigns, who will be bound by all of its terms.

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