



Explore Cooking & Baking

Session 1: The Basics of Cooking and Creating

Healthy Snacks
 June 21—23, 2018
 1:00 pm—3:00 pm
 Cost: \$100.00 per person
 Class sizes are limited
 Pre-registration Required

Session 2: Fun with Cooking!

July 12—14, 2018
 1:00 pm—3:00 pm
 Cost: \$100.00

Session 3: Baking for Fun

July 26—28, 2018
 1:00 pm—3:00 pm
 Cost: \$100.00

Registration Form

Please make check payable to: SCFECC

In person: Wed—Sat 1pm-4pm at the Exploration Station, 867 Ramona Ave., Grover Beach, CA 93433

By mail to: Exploration Station, P.O. Box 1117, Grover Beach, CA 93483

By Fax: 805-473-3486 **Phone:** 805-473-1421

Participant Name: _____ **Phone:** _____

Address: _____ **City:** _____ **ZIP:** _____

Parent/Guardian _____ **E-Mail** _____

Class Title	Date (s)	Fee
SESSION 1—The Basics of Cooking and Creating Healthy Snacks	June 21—23, 2018	\$100.00
SESSION 2—Fun with Cooking	July 12—14, 2018	\$100.00
SESSION 3—Baking for Fun	July 26—28, 2018	\$100.00
No refund for cancellation within 24 hours of start of any program. Pre-registration is required to assure space is available.	SUBTOTAL	
	Scholarship	
	Other	
	TOTAL	

INTERNAL USE ONLY
PAID BY CHECK # _____ **PAID BY CASH** _____
AMOUNT PAID \$ _____



POLICY AND CONSENT FORM

Consent to Participate

My child _____, age _____ has my consent to participate in the _____ Explore Cooking & Baking Summer _____ class at the Exploration Station.

Name of Parent or Guardian

Signature of Parent or Guardian

Date

Consent to Treat

Authorization for Treatment: I/We, the undersigned parent of _____ a minor, do hereby authorize the Exploration Station, it's agent branches, employees and volunteers and agents for the undersigned to consent to any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered under general or specific supervision of any physician, dentist, surgeon and licensed hospital, whether such diagnosis or treatment rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment deemed advisable.

It is our policy not to administer any substances other than standard "over-the-counter" medications and/or prescription drugs if supplied by parent. We will not issue any product that is not in its original container, clearly marked by the manufacturer or pharmacy, and only as prescribed by physician.

Release and Waiver

This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California. I understand that I am responsible for all medical fees should my child be injured or become ill at the Exploration Station, or during any Exploration Station activities and/or field trips. I will not hold the Exploration Station responsible for any injury that should happen to my child during regular activities of the Exploration Station.

My Insurance Carrier Is: _____

Doctor's Name _____ Dentist's Name _____

Policy Number _____

(Please attach copy of your child's insurance card to insure speedy care for your child)

Please complete page 2 on the backside

POLICY AND CONSENT FORM page 2

Child Pick-Up Policy

Children must be picked up at the scheduled end of the class, activity or event

Parents must call if they are going to be late picking up their child. If we do not hear from a parent and the child is not picked up within 15 minutes after the end of the class, activity or event, and the we cannot contact the parent or other authorized persons listed below, we will turn the child over to the Grover Beach Police Department.

Children and youth must wait inside the Exploration Station

Children permitted to walk must have a signed permission slip from the parent/guardian. However, we do not permit children to walk home after sunset.

Authorized Persons

Including myself, I authorize the following people to pick up my child from the Exploration Station program sites. I understand and will inform the persons listed below that they will be required to show identification and to sign my child out before the Exploration Station will release my child to them.

1. Name _____ Relationship to child _____

Home Phone _____ Cell Phone _____

2. Name _____ Relationship to child _____

Home Phone _____ Cell Phone _____

3. Name _____ Relationship to child _____

Home Phone _____ Cell Phone _____

Parent/Guardian Signature _____ Date _____

Home Phone _____ Cell Phone _____

Photographic Release

I hereby give the Exploration Station the absolute and irrevocable right and permission with respect to photographs, videos, motion pictures and/or sound recordings of my child;

To use, reuse, publish, and republish same, in whole or in part, separately or in conjunction with other photographs or recordings, in any medium, and

The child's name herewith.

I hereby release and discharge the Exploration Station from any claims and demands arising out of or in connection with the use of such photographs videos, motion pictures, and/or recordings.

I also agree that the photographs, videos, motion pictures, and/or recordings, shall become the sole property of the Exploration Station.

Name of Parent or Guardian

Signature of Parent of Guardian

Date

