



Mise en Place Cooking Studio Summer Camp 2026

Master Registration & Consent Packet

Student Name: _____ Age: _____

Camp Session (Dates): _____

EMERGENCY CONTACT & PICKUP AUTHORIZATION

Primary Contact Name: _____ Relationship: _____

Cell Phone: _____ Email: _____

Secondary Contact Name: _____ Relationship: _____

Cell Phone: _____ Email: _____

Authorized Pickup List: (Only the following people may pick up your child. Photo ID required.)

1. _____ 2. _____

MEDICAL & ALLERGY PROFILE

Does your child have any Food Allergies? YES NO

List Specific Allergens: _____

Reaction Severity: Mild Moderate Severe (Anaphylactic)

Does your child carry an EpiPen? YES NO

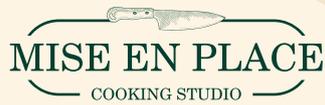
Medical/Sensory Notes: (e.g., Asthma, ADHD, or physical limitations we should be aware of)

PHOTO & VIDEO RELEASE

I Understand that **Mise en Place** often captures photos/videos for social media and marketing.

I GRANT PERMISSION for my child's image to be used.

I DO NOT GRANT PERMISSION for my child's image to be used.



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LIABILITY WAIVER & CAMP RULES

Risk Acknowledgment: I understand that cooking involves heat, sharp tools, and appliances. I acknowledge the inherent risks and agree to release and hold harmless **Mise en Place Cooking Studio**, its owners, and staff from any claims or injuries, except in cases of gross negligence.

Camp Rules Agreement: I have reviewed the following with my child:

- **Attire:** Closed-toe shoes and comfortable clothing are required.
- **Safety:** Long hair must be tied back; kitchen tools must be used only as instructed.
- **Respect:** We maintain a kind, focused, and "mised en place" (organized) environment.

PARENT/GUARDIAN CONSENT

By Signing Below, I certify that all information provided is accurate and that I agree to the terms of the Liability Waiver and the Photo Release choice selected above.

Parent/Guardian Signature: _____ Date: _____

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