Kids in the Kitchen
COOKING CAMP REGISTRATION FORM

PLAY GAMES, LEARN BASIC COOKING SKILLS, & SAMPLE YOUR OWN CREATIONS!

JUNE 7 - 10, 2021
St. Marys High School FACS Room

Session 1:
Youth ages 10 - 12
10:30 a.m. - 12:30 p.m

Session 2:
Youth ages 8 - 9
1:00 p.m. - 2:30 p.m

Registration is FREE.

To Register, complete both sides of the form and mail to:
Pottawatomie County Extension, P.O. Box 127, Westmoreland, KS 66549
OR scan both sides and e-mail to: julene@ksu.edu

In compliance with current Kansas State University Covid-19 protocols, participants are not required to wear masks. This is subject to change as protocols change.

REGISTRATION DEADLINE: Friday, MAY 28; space is limited.

Name: ___________________________________________ Age: __________
Address: __________________________________________________________________________
City: ____________________________ State: _________________ Zip: _____________________
Phone: ____________________________ E-mail: _____________________________________

Gender: (check one) ___ Female ___ Male ___ Prefer not to answer

Ethnicity: (check one)
___ Hispanic or Latino
___ Non-Hispanic and Non-Latino
___ Prefer not to answer

Race: (check one)
___ American Indian or Native American
___ Asian
___ Black or African American
___ Native Hawaiian or Pacific Islander
___ White
___ Prefer not to answer

Food Allergy/Restrictions: _______________________________________________________

This program is sponsored by Pottawatomie County Extension SNAP-Ed.

Questions? Call the Extension office at 785-457-3319

(Please complete both sides)
CODE OF CONDUCT

As a participant in Extension events, you have the responsibility of representing this program to the public, so you are expected to conduct yourself in a manner that will bring honor to you and your family, as well as to Extension. To do that 1. Conduct yourself and your project work in a manner that is trustworthy, respectful, responsible, fair, caring and in good citizenship. 2. Be responsible for your actions by following the rules and being accountable. This includes being in assigned program locations/sessions, abiding by deadlines, times and housing arrangements. If you are unable to participate or need assistance, notify those in charge of the event/program. 3. Treat yourself, other people, animals and program with respect, using good manners, dressing appropriately and by not using profanity. You will be personally responsible for any damage caused as a result of your behavior. 4. Know that the use of tobacco, alcohol, and non-prescribed drugs by youth is illegal. 5. Demonstrate caring for people other than yourself. Know that harassment of any type is illegal and prohibited at Extension events. 6. Be a good citizen by participating fully, and helping those around you have positive experiences. 7. Use technology and social media in safe and appropriate ways for the good of Extension Youth Development programs.

Those who are unable to conduct themselves within the guidelines may expect to:

1. Explain their actions to the adults in charge.
2. Accept the consequences of their actions.
3. Have the adults in charge work closely with parents/guardians, and others to see that actions taken, in case of unacceptable behavior, are appropriate and logical consequences for all concerned.
4. Be sent home or asked to leave the event

I have read the "Extensions Code of Conduct" and agree to live up to the expectations. I realize my failure to do so could result in a loss of privileges during the event and in the future.

PARTICIPANT’S Signature: ____________________________

Parent/Guardian of ___________________________ have read the Extension Events Code of Conduct and will support the adults in charge in the performance of their responsibilities to see that appropriate behavior is maintained.

PARENT/GUARDIAN Signature: ____________________________

HEALTH STATEMENT (To be completed and signed by parents or guardian)

Last Name ___________________________ First Name ________________________ Date of Birth _______________ Sex ______

List below any physical condition the supervisor, nurse or extension agent should know. Reporting such conditions will not prevent child from attending and will be kept confidential.

Insect Stings ☐ Heart Condition ☐ Fainting Spells ☐ Diabetes ☐ Ear Infection ☐ Headaches ☐ Other ☐
Allergic to Food or Drug (explain) ___________________________________________________________________________________

Prescribed medication now taking __________________________________________________________________________________________

Activities youth should not participate in ______________________________________________________________________________________

Immunization: Tetanus – Date of last treatment _________________

Primary Physician Name _____________________________________ Physician’s Phone #______________________________

Health Insurance Company ___________________________ Policy #___________________________________________________

Name of Insured _______________________________________ Relationship to Participant __________________________

As parent/guardian, I understand that the participant will be closely supervised and agree the supervisors and sponsors are not responsible in case of injury or illness. I further understand that first aid will be available that should a serious injury or illness occur, the closest medical and /or hospital care will be used. We realize the supervisors will notify us in case of serious injury or illness; however should they be unable to contact us, we hereby grant our permission and Consent for any emergency medical or surgical care determined to be necessary by a licensed physician.

Parent/Guardian ____________________________

Signature ____________________________

PHOTO RELEASE: ☐ Please check if photo images may be used by K-State Research & Extension for Education purposes.