



PINE POINT COOKING SCHOOL

Registration Form

Student's Name _____ Age _____

Class Session(s) (day/ number) _____

PARENTAL INFORMATION

Parent #1 _____ Relationship to student _____

Home telephone _____ Cell _____ Work telephone _____

email _____ Occupation _____

Address _____ City _____ Zip _____

Parent #2 _____ Relationship to student _____

Home telephone _____ Cell _____ Work telephone _____

email _____ Occupation _____

Address _____ City _____ Zip _____

MEDICAL INFORMATION

Health Insurance Company _____ Policy # _____

Doctor _____ Telephone _____

Dentist _____ Telephone _____

Medications/other info _____

Food allergies or restrictions _____

EMERGENCY CONTACT (other than parents)

Name _____ Relationship to student _____

Home telephone _____ Cell _____ Work telephone _____

Participation in a Pine Point Cooking School class will involve student use of cooking equipment and tools. Understanding and accepting the risks inherent in the preparation, cooking and eating of food with other people in the kitchen, it is understood and expressly agreed to by the Parent (or Student) that by making payment for and/or by participating in the class, the Parent/Student releases, indemnifies and holds harmless Adrianna Dinihanian, Pine Point Cooking School and contractors, from any and all liability of any kind for any damages and/or injuries incurred in connection with the student's attendance in class.

Cancellation policy: You may cancel your reservation up to 10 days before class begins and receive a full refund or credit towards a future class. If you cancel within 10 days, your payment will be forfeited unless there is a waiting list for the class. Alternately, we encourage you to send a friend in the student's place.

Signature _____ Date _____

PLEASE RETURN THIS FORM WITH YOUR CHECK (MADE OUT TO ADRIANNA DINIHANIAN) TO:

Pine Point Cooking School, 254 Woodward Avenue, Sausalito, California 94965. Thank you!