



**2016 STUDENT REGISTRATION FORM**

INFORMATION			
CLASS DATE:		CLASS TIME:	
Last name:	First:	Age:	
Cell phone:			
Street address:			
City:		Email:	
State:		ZIP Code :	
Amount Paid:		Check # or credit card#	
INTERNET /GROUPON PAYMENT #			
IN CASE OF EMERGENCY			
Name of local friend or relative			

The undersigned, heirs, executors and administrators waive and release any and all claims against Ridgewood Culinary Studio (RCS), its agents, servants and employees, for any personal injury sustained out of participation in any classes or on the premises of RCS. I certify that my child is in good health and I understand that participation in classes involves some physical execution. I agree to provide medical insurance for myself. If my emergency contact cannot be reached I give permission to the staff or Ridgewood Culinary Studio to render aid or to act in my behalf to obtain emergency medical treatment for this student for any illness or injury that may occur while attending classes or on the premises.

I understand that all checks should be made payable to Ridgewood Culinary Studio and that I will be charged a service fee of \$25.00 for every bounced check I write. Also, I will be asked to pay in cash for the check I wrote as well as the service charges. I understand all registration fees are non-refundable. I understand that Ridgewood Culinary Studio does NOT issue refunds for any reason, including missed classes due to illness, vacation, religious observance or withdrawal. Any missed classes can be made up in another appropriate class during the Fall season, subject to enrollment and availability. Refunds will not be given for any items purchased at Ridgewood Culinary Studio.

Ridgewood Culinary Studio shall have the right to film, photograph and televise your child on the premises without any impost payable to the child. Your child shall have no right to any of the proceeds of any of the filming, photographs or television of Ridgewood Culinary Studio. I certify that I have no known food allergies as of this agreement.

Signature:	Date:
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