

Michelina's
Italian Restaurant
 &
Catering

VOLUNTEER REGISTRATION FORM 2026
1 FORM PER WEEK

NAME: _____

WEEK ATTENDING: _____

AGE: _____ GRADE: _____

HOME ADDRESS: _____

PHONE 1 #: _____ PHONE 2 #: _____

PARENT'S NAMES: _____

EMAIL: _____

ALLERGIES/MEDICAL CONDITIONS: _____

EMERGENCY CONTACT (name + phone) _____

This health form is correct as far as I know, and my child/ward has permission to engage in all camp activities, except as noted here-in by me. In the event that I cannot be reached in an emergency, I hereby give the administrators of the Michelina's Cooking Camp and any hospital or medical personnel they designate to provide any medical treatment which a medical provider deems necessary for the well being of my child/ward, including hospitalization, injections, anesthesia and/or surgery. I further consent to non-emergency first aid for my child/ward while he/she is enrolled as a participant in the Cooking Camp, as deemed necessary by the staff of the Camp.

Signature of Parent/Guardian: _____

MUST WEAR CLOSE-TOED SHOES. BRING A WATER BOTTLE.

Week 1: June 8th-12th
 Week 3: June 22nd-26th
 Week 4: July 13th-17th
 Week 6: July 27th-31st

DO NOT FILL IN...ADMIN ONLY

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
TIME IN					
TIME OUT					

TOTAL: _____ HOURS

When the form is completed, please email it to: michelinaskids@gmail.com

Camp Administration: _____

Date: _____