

# Candy Adventure Registration and Parental Release Form

Fill out this form and mail, fax or bring it to Cero's with your payment.

Participants Name \_\_\_\_\_ Age \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Phone (where you can be reached during the session) \_\_\_\_\_

Any known food allergies \_\_\_\_\_

**Reservations are required. Please check session(s) you are registering for.**

**Candy Adventures for kids ages 5-10 last approximately one hour and is \$15.00 per child per session.**

Date	Adventure	Morning	Afternoon
6/02/10	"Laurence the Laughing Cookie Jar"	<input type="checkbox"/> 11-12 am	<input type="checkbox"/> 2-3 pm
6/09/10	"The Lost Candy Bar"	<input type="checkbox"/> 11-12 am	<input type="checkbox"/> 2-3 pm
6/16/10	"Sam's Surprise"	<input type="checkbox"/> 11-12 am	<input type="checkbox"/> 2-3 pm
6/23/10	"Chocolate Covered Ants"	<input type="checkbox"/> 11-12 am	<input type="checkbox"/> 2-3 pm
7/07/10	"The Chocolate Wedding"	<input type="checkbox"/> 11-12 am	<input type="checkbox"/> 2-3 pm
7/14/10	"The Last Chocolate Cookie"	<input type="checkbox"/> 11-12 am	<input type="checkbox"/> 2-3 pm
7/21/10	"Trick or Treat"	<input type="checkbox"/> 11-12 am	<input type="checkbox"/> 2-3 pm
7/28/10	"Harry's Sweet Dream"	<input type="checkbox"/> 11-12 am	<input type="checkbox"/> 2-3 pm
8/04/10	"Chocolatina"	<input type="checkbox"/> 11-12 am	<input type="checkbox"/> 2-3 pm

**# of sessions scheduled: \$15.00 x \_\_\_\_\_ Amount due \_\_\_\_\_**

**Payment Type:**     Cash or Check     Visa     Master Card     AmEx     Discover

Name on Card: \_\_\_\_\_ Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Parental Release**

My child, \_\_\_\_\_ has my permission to attend Cero's Candy Adventures program on the dates indicated above. I understand my child will be supervised by an adult throughout the session, and will not be allowed into those areas of Cero's which contain equipment and machinery, unsupervised. I further agree that Cero's will not be held responsible for accident or injury, which may occur during the session.

Signature of Parent or Guardian \_\_\_\_\_

Cero's Use Only – Paid:  Yes     No    Date Paid: \_\_\_\_\_