



2025 Kids Culinary Camps

Please indicate which camp you wish your child to attend:

CAMP 1 ☐ July 7th - July 10th (Children that have completed 5th - 8th grades)

CAMP 2 ☐ July 14th - July 17th (Children that have completed 9th - 12th grades)

Location: 2758 Military Road Columbus, MS 39705
LH Annex Classroom | Chef Jakiero – 662-329-6758

Time: 8:00 AM to 12:00 PM

Fee: \$300 per child

CHILD'S NAME: _____ AGE: _____ GRADE COMPLETED: _____

PARENT'S NAME (Emergency Contact): _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

Please list all known allergies: _____

Do we have your permission to use your child's camp photos in promotional ads
or on our Facebook page or website? Yes ☐ No ☐

Parent's Signature: _____ Date: _____

LION HILLS

EAST MISSISSIPPI COMMUNITY COLLEGE

I hereby give permission for the Camper named to attend and participate in the EMCC Lion Hills Culinary Camp. I understand that there are inherent risks and hazards associated with Camper's participation in the camp and I hereby give my voluntary consent for the Camper to participate fully in all camp activities. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, which may be sustained by Camper as a result of Camper's participation in the camp or while in, on, or upon the premises of where the Camp is being conducted or while in transit to or from. In consideration for the right of the camper to participate in this Camp, I, on behalf of Camper, myself, and Camper's heirs, assigns and personal representative(s) hereby covenant not to sue and further release, waive and discharge EMCC Lion Hills Center from any and all liability, claims, demands, causes of action arising out of or related to any loss, damage or injury, including death, sustained by Camper or Camper's property arising out of Camper's participation in the Camp, whether caused by negligence of or breach of any expressed or implied contract by EMCC Lion Hills Center. If at any time it is necessary for the camper to receive medical attention, I hereby give my consent to the camp to secure these services and arrange transportation if deemed necessary. I am aware that I will be responsible for all medical expenses resulting from any illness or injury.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read this document, I understand it, I sign it voluntarily, and no oral or written representations or statements of inducements, apart from the foregoing written agreement, have been made.

Parent/Guardian (Please Print): _____

Parent/Guardian Signature: _____

Medical/Health Insurance Company: _____

Policy No: _____

Does the applicant have any history of a physical or medical condition, which may affect her ability to participate in the full activities of the camp? ____ Yes ____ No

If yes, please list: _____

Is applicant taking any medications? ____ Yes ____ No

If yes, please list: _____