

**Big T Memorial Cook-Off 2021  
Kids Cook-Off Challenge Entry Form**

Participant's Name: \_\_\_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_

Age Division (circle one): 6-12 year olds      13-17 year olds

Mailing Address: \_\_\_\_\_

Parent's name: \_\_\_\_\_

Parent's Phone number (Where you can be reached during event): \_\_\_\_\_

Parent's Email: \_\_\_\_\_

*I certify that I am the parent/legal guardian of the above-named minor child, and that I give my permission for him/her to participate in the cooking event. I assume full responsibility for my child and his/her actions during the cooking event, and I release and hold harmless all board members and staff of Golden Circle Special Needs Association and Big T Memorial Cook-Off from any liability arising from participation in the cooking event. I also give permission for the below-named adult mentor (if applicable) to be responsible for my child if I am not present during the event.*

Parent/Guardian PRINTED NAME: \_\_\_\_\_

**Parent/Gaurdian Signature:** \_\_\_\_\_

**\*\*\*\*COMPLETE BELOW \*\*ONLY\*\* IF PARENT/GUARDIAN WILL NOT BE PRESENT DURING THE COOKING EVENT:**

Adult Mentor Name: (different from parent): \_\_\_\_\_

**THIS PERSON (IF NO PARENT IS PRESENT) MUST BE PRESENT AT THE COOK SITE FOR THE ENTIRE CONTEST! NO EXCEPTIONS!!**

Mentor's Phone Number:  
(Where you can be reached during the event): \_\_\_\_\_

*I certify that, by signing this form, I am over the age of 18 and that I agree to be responsible for the above named minor child and his/her actions during the cooking event.*

**Mentor Signature:** \_\_\_\_\_

\*\*\*\*\*For GCSNA Board Member use only\*\*\*\*\*

Date Form Received: \_\_\_\_\_ Check-In time(day of): \_\_\_\_\_

Paid (circle one): CASH      CHECK# \_\_\_\_\_      CARD      Authorized initials: \_\_\_\_\_