

ENROLLMENT FORM

Complete the form below for our Summer Series! Please email to EVENTS@republiofcake.com when completed.



Please note that completion of this form does not guarantee enrollment. Enrollment is based on first come first served. You will receive an email once you are enrolled. Waitlist will be created if maximum enrollment is reached.

Child's Information

Name :

Age : Date Of Birth :

Allergies :

Week (s) Interested in :

June 11-14	<input type="checkbox"/>
July 9-12	<input type="checkbox"/>
July 23-26	<input type="checkbox"/>
July 30-Aug 2	<input type="checkbox"/>

Adult/Parent/Legal Guardian Info

Name : Phone :

Street Address :

City / Country : Email :

Policies

Requests for withdrawal will be honored if requested no later than ten business days prior to the first day of class. There will be a \$5 withdrawal fee assessed. No refund to be given less than 7 business days and no refunds for missed classes.

I have read and understand the refund policy. Waiver of Liability: I, the undersigned or parent/legal guardian of the individual named above, do hereby waive, release, and discharge all claims for damages, death, personal injury, property damage which I may have or which may hereafter accrue to me as a result of participation in said activity. I understand that accidents can occur during the said activity. Knowing the risks of the said activity, I hereby agree to assume those risks. This release is intended to discharge and hold harmless the Republic of Cake, its officers and employees from liability. This waiver and assumption of risk is to be binding on my heirs and assigns. I further understand that photographs and video may be taken of me during the course of the said activity and that these photographs and video may be used for Republic of Cake publicity purposes. I HAVE READ AND UNDERSTAND THIS RELEASE.

730 camino Ramon #196
925.254.3900
RepublicofCake.com

Signature (Parent or Guardian)

Print Name

Date