



Lutherville Timonium Recreation Council Proudly Presents

SUMMER COOKING CLUB

Prepare snacks and enhance all areas of the BCPS curriculum while having fun



Who- Girls & Boys ages 1st grade through 5th grade

When- Monday – Friday

Session 1: **Cooking In Color** June 20th – June 24th 2011 from 9:00am –1:00pm

Session 2: **Cooking Around the World** June 27 – July 1st from 9:00am –1:00pm

**Each Session will cover different recipes including appetizers, main courses & desserts*

Where- Pinewood Elementary

Participation Cost- \$120.00 PER SESSION Checks payable to LTRC, Due by June 4th

Due to the nature of this program, we will not be able to issue refunds.

* Please fill out the permission slip below and return with payment to

Pinewood Elementary
ATTN: Mrs. Crystal Westerberg.
200 Rickswood Road
Lutherville, MD 21093

Please note: *Should you require special accommodations (i.e. sign language interpreter, etc.) Please give as much notice as possible by calling the Rec. Office at 410-887-7684 or the Therapeutic Office at 410-887-5370 (voice), or 410-887-5319 (TT/Deaf).*

----- **SUMMER COOKING CLUB 2011 PERMISSION SLIP** -----

Student: _____ Session # (check all that apply) ___ 1 ___ 2

Address: _____

Phone: _____ Email: _____

In case of an emergency, contact...

Name & Relationship to student: _____

Phone: _____ Cell Phone: _____

Physician's Name & Phone #: _____

1. Are there any medical or other health factors that might affect your child's performance in this activity? No ___ Yes ___
2. Is your child taking any medication that might affect his/her safety or performance in this activity? No ___ Yes ___

ACKNOWLEDGEMENT, WAIVER AND RELEASE OF LIABILITY: I HEREBY CONFIRM PARTICIPANT IS IN GOOD HEALTH AND ABLE TO PARTICIPATE IN THE ACTIVITY, I ACKNOWLEDGE THE ACTIVITY MAY INVOLVE RISKS AND DANGER OF BODILY INJURY OR DEATH. I FULLY ACCEPT AND ACKNOWLEDGE THE ACTIVITY MAY INVOLVE RISK AND I HEREBY ASSUME THE RISK AND RESPONSIBILITY FOR ALL DANGERS AND RISKS ASSOCIATED WITH PARTICIPATION IN THE ACTIVITY. I acknowledge Baltimore County, Maryland, the recreation council, and their respective employees, directors, officers, volunteers, members and any other participant, entity, party or person involved in any regard with the activity or the activity premises, and their respective agents, personal representatives, heirs, employees, contractors, successors and assigns (each an "Activity Representative" and collectively the "Activity Representatives"), SHALL NOT BE RESPONSIBLE OR LIABLE IN ANY REGARD OR MANNER FOR ANY AND ALL PROPERTY DAMAGE OR BODILY INJURY (INCLUDING SERIOUS PHYSICAL INJURY OR EVEN DEATH) INCURRED BY PARTICIPANT OR ANY PARTY RELATED THERETO AS A RESULT OF HIS/HER PARTICIPATION IN THE ACTIVITY. I have read, fully understand and hereby freely sign, approve of, and agree to the terms of the registration form. I HEREBY UNCONDITIONALLY RELEASE, DISCHARGE, COVENANT NOT TO SUE, WAIVE MY RIGHTS AND REMEDIES, AND AGREE TO HOLD HARMLESS THE ACTIVITY REPRESENTATIVE from any and all claims costs, demands, losses, damages, or expenses associated with, in whole or in part, participants involvement with the activity. I certify all answers and information provided on the registration form are to the best of my knowledge true and correct throughout the activity. I shall inform the recreation council, in writing, if any of the information provided in the registration form is incorrect or changes during the course of the activity. I understand Baltimore County and/or the recreation council do not perform criminal and/or background checks on activity representatives. I shall present a government-issued photo identification card including, but not limited to, my driver's license, passport, or United States Visa to the activity representative for review, if requested, at the time I submit this registration form to the recreation council.

I hereby approve of the terms of this registration form/contract. I further agree that I will not hold Baltimore County Department of Recreation and Parks, Lutherville-Timonium Recreation Council, the organizers, sponsors, supervisors, volunteer leaders, or participants responsible for injuries or any unforeseen accident while participating in the above-named activity. I hereby state that my child is in good health and able to participate in this program. I further acknowledge that the Baltimore County Department of Recreation and Parks does not provide background checks on volunteers. **Participants must provide their own transportation and must be picked up no later than 3pm or there will be additional fees.**

I hereby acknowledge that I have read and fully understand the above mentioned facts. I further certify that all answers, to the best of my knowledge, are true and correct.

Parent Signature: _____ Relationship to Participant _____ Date: _____



DEPARTMENT OF RECREATION AND PARKS