



## Middle School Cooking Club Registration

- Middle School Cooking Club will be on the following Tuesdays: Nov 07, 14, 28, and Dec 5th
- For four weeks we will be hosting Middle School Cooking. Meet at the Front office, have a light snack and then cook!
- Pick up is at 5:15 at the Middle School
- Cost will be \$30 for the series.
- Limited space available, Alissa will confirm your space prior.  
[recreation@townofoakcreek.com](mailto:recreation@townofoakcreek.com)

Participant Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade/if app: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies/Medications: \_\_\_\_\_

Guardian Name – Please Print: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Emergency Contact/phone#** \_\_\_\_\_

Payment Method (cash, check, card): \_\_\_\_\_

### PERSONAL RELEASE LIABILITY AGREEMENT

The undersigned acknowledges that Cooking Club is a potentially dangerous activity involving RISK OF PERSONAL INJURY, DEATH AND PROPERTY DAMAGE. I expressly understand and agree that neither the Town of Oak Creek, CO, a municipal corporation, nor any of their officers, agents, volunteers, assistants, or employees shall be held responsible or made the subject of any claim seeking to assess damages or liability for or arising from personal injury or property damage or loss of any other sort to myself or other person in whose behalf this form is now signed as a result of actual or proposed participation in the above named program and I hereby agree to indemnify and hold the Town of Oak Creek, their officers, agents, volunteers, assistants, or employees harmless on account of any such claim.

Participant's name: \_\_\_\_\_ Parent's Name(if applicable):: \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby give permission for my child(ren) or myself to go on all scheduled trips AWAY FROM THE PREMISES of the program, in the company of a qualified adult, whether on foot or by vehicle, using Oak Creek Parks & Recreation provided transportation when needed. I also give my permission for my child(ren) or self to be transported by a staff member in a licensed vehicle in the case of an emergency.

Participant's name: \_\_\_\_\_ Parent's Name(if applicable):: \_\_\_\_\_