



Jefferson
Park & Recreation
Department

Pre-Sous Chefs

For the aspiring cook! Participants will learn a new healthy snack every class, with participants doing as much of the preparation and baking as their age and maturity permits.

Date: **Monday, June 23– Friday, June 27, 2014**

Time: **1:00-2:15 pm**

Fee: **\$25 (payable to the City of Jefferson)**

Ages: **3rd-6th grade (fall grades)**

Instructor: **Alisa Olson**

Location: **Greene County Community Center**

Limit: **10**



Register at the Greene County Community Center or
send registration & payment to JPRD, 204 W Harrison St, Jefferson, IA 50129

Name _____ Grade _____ Age _____ Birthdate _____

Address _____ City _____ Zip _____ Email _____

Home Phone # _____ Work Phone # _____ Cell # _____

225652 D– Pre-Sous Chefs

\$25

Waiver & Medical Authorization

In consideration of being permitted to participate in a Jefferson Park and Recreation Department activity or program I, the undersigned participant (or, if under age 18, the participant's parent or legal guardian on his or her behalf): (i) recognize and acknowledge that such activity may involve risk of bodily injury or property damage, (ii) assume full responsibility for and risk of any bodily injury, damage or loss which may occur as a result of participating in such activity, (iii) release, waive, discharge and covenant not to sue the Jefferson Park and Recreation Department and the City of Jefferson and their administrators, officers, employees, members of governing and advisory bodies, representatives, agents, coaches, officials and volunteers (the "releasees") from all liability to the undersigned for any and all damage or loss, and any claim or demand therefor, on account of injury to my person or property, whether due to negligence of the releasees or otherwise, as a result of participating in any such activity or program, (iv) agree to indemnify and hold harmless the releasees identified above from any and all loss, liability, damage or cost that they may incur as a result of my participation in any such activity or program, (v) in the event of any injury or illness while participating in such activity or program authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel, and (vi) consent to my picture being used for publicity or promotional purposes. I HAVE READ AND FULLY UNDERSTAND THIS WAIVER AND MEDICAL AUTHORIZATION AND VOLUNTARILY SIGN IT.

Parent or Guardian Signature: _____

Date: _____

Does the participant have any condition that would prevent full participation in the above activity?

yes no ie. asthma, diabetes, seizures, allergies (bee stings), etc.

Please note in space below. _____

Amt pd _____ check or cash