

# 2019 Summer Kids Cake Camp

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Name Age Grade Entering

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Parents or Guardians

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Phone Number work home cell

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Email Address

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Mailing Address City Zip

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\$50.00 fee Receipt No. Payable to: Brookhaven Recreation Dept.

## June 12-14

\_\_\_\_\_ 9:00 - 11:00 Age 5 and up

## June 17-19

\_\_\_\_\_ 9:00 - 11:00 Age 5 and up

Fondant

Make a 6" cake

Cupcakes – bake/decorate

Cookies – Bake/royal icing technique

\$50 Registration Fee **(Due at Registration, payable to Brookhaven Recreation Department)**

\$25 Supply/ Groceries Fee **(Due at Registration, payable to Instructor, Amanda Havard)**

Each child gets cookie sheet, cookie cutters, and baked goodies

**RELEASE BY PARENT OR GUARDIAN**

I \_\_\_\_\_, AM THE NATURAL PARENT AND/OR  
GUARDIAN OF THE MINOR CHILD \_\_\_\_\_ WHOSE  
BIRTHDAY IS child \_\_\_\_\_.

BY VIRTUE OF AND IN CONSIDERATION OF THE CITY OF BROOKHAVEN AND ITS  
DEPARTMENT OF RECREATION ALLOWING MY MINOR CHILD TO PARTICIPATE IN  
THE FOLLOWING RECREATIONAL ACTIVITY, TO-WIT:

COOKING

DO HEREBY, ON BEHALF ON MY MINOR CHILD, RELEASE SAID CITY AND  
DEPARTMENT FROM ANY RESPONSIBILITY FOR ANY HARM OR INJURY, (OR ANY  
LIABILITY WHICH MAY RESULT THEREFROM) WHICH SAID CHILD MAY  
EXPERIENCE OR SUFFER FROM WHILE PARTICIPATING IN OR ATTENDING A  
RECREATIONAL ACTIVITY SPONSORED, OPERATED OR CREATED BY SAID CITY  
AND DEPARTMENT.I FURTHER RECOGNIZE AND ACKNOWLEDGE THAT THE SAID  
CITY AND DEPARTMENT WILL PROVIDE NO HEALTH AND ACCIDENT INSURANCE  
FOR MY CHILD TO COVER MY CHILD FROM BODILY INJURY HE/SHE MAY SUFFER  
WHILE PARTICIPATING IN THE CITY AND DEPARTMENT RECREATIONAL  
ACTIVITIES.I HAVE READ AND UNDERSTOOD THE ABOVE RELEASE AND AGREE  
TO ITS TERMS.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_