

2021 Summer Kids Cake Camp

Name _____ Age _____ Grade Entering _____

Parents or Guardians _____

Phone Number _____ work _____ home _____ cell _____

Email Address _____

Mailing Address _____ City _____ Zip _____

\$50.00 fee Receipt No. _____ Payable to: Brookhaven Recreation Dept.
(Payment due with form)

June 2-4

_____ 9:00 - 11:00 Age 5 and up

June 9-11

_____ 9:00 -11:00 Age 5 and up

Day 1 - Cookies

Day 2 - Cupcakes & Fondant

Day 3 – Cake/Cake group challenge

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

\$30 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 _____