

PELHAM PARKS AND RECREATION

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Culinary Camp Cooking and Baking

Hammar's Studios, Dracut, MA

July 10-August 9, 2023

Mon.-Wed 2pm-5pm (3 days a week for 5 weeks)

Cost: \$175.00/child per week - for ages 7-teen

\$70.00 drop in rate *one class*

Participant Name: _____ Age: _____ DOB: _____

Address: _____ Town: _____ State: _____

Parent Name: _____ Parent cell phone: _____

Parent Email address: _____ Home phone: _____

Session Choice (Check your week or weeks)

Aloha & Ohana! Island Culinary Adventures 7/10-7/12 { }

Tour of Italy! 7/17-7/19 { }

You're Baking me Crazy! 7/24-7/26 { }

Hammar's School of Wizardry 7/31-8/2 { }

Take Out, Fake Out! Yummy copycat cuisine 8/7-8/9 { }

This program is a 5-week cooking and baking summer camp at Hammar's studios in Dracut, MA (participants DO NOT need to attend all 5 weeks). Participants can go to as many days or weeks as they choose. No minimum number of weeks. \$175.00 per child per week or \$70.00 per child per day. This is a hands-on cooking and baking class for ages 7-teen on Monday, Tuesday, and Wednesday from 2pm-5pm each week. Different theme each week. Recipes are typically made from start to finish. Most recipes produce 4 servings. This is a drop off/pick up program at Hammar's Studios 1934 Bridge St. in Dracut, MA. Please sign up by Friday, July 7, 2023. Parents must sign an emergency contact form.

This program is designed for helping kids gain confidence in the kitchen along with helping your child expand their palate. Cooking and baking are practical applications of school. Whether using comprehension skills to read a recipe, math skills to alter quantities in a recipe or scientific method to predict outcomes of their culinary endeavors-cooking gives kids a use for that knowledge they think is useless.

This program may pose limited risks to the participants. These risks may include but are not limited to bumps, bruises, cuts, abrasions, broken bones, concussions, heart attacks and even death. We advise that all those participating be in good physical condition. Any limitations regarding physical capabilities should be made known to Pelham Parks and the Recreation Department. No prior knowledge or skills are required to take part in this program.

**** Please list any physical or other condition, medications the participant is taking, dietary restrictions, allergies, or other information which may be necessary and helpful to insure participants' health and safety:**

I have read and understand the information provided above. I have noted any physical or medical conditions the participant has which might affect his/her participation. He/she meets the standards required for participation and will have the necessary equipment, if needed, which will be in good working condition. I assume all the risks normally incidental to the nature of this activity, including risks which are not specifically foreseeable. I will follow the rules and regulations provided by the activity leaders/directors/supervisors.

I, the undersigned, hereby agree to release, indemnify, save and hold harmless the Town of Pelham, the Parks and Recreation Dept, its employees, agents, representatives, directors, volunteers, from any and all liability, actions, causes of actions, debts, claims or demands of any kind for property damage or personal injury resulting from failure to obey safety regulations and directions of the activity leader or resulting from the exercise of judgment by the leader in good faith response to emergencies and exigencies which occur during the activity; provided, however, that nothing contained herein shall excuse any of the leaders to act with reasonable care for the safety of the participant during the course of the activity appropriate to the circumstance. You have my permission to have a physician attend to me, if it is deemed necessary, during my participation in the above activity. I understand that participation in rehearsals and performances will be videotaped and photographed for the website and other promotional materials and give my permission.

Executed this _____ day of _____, 20_____.

Signature of parent/guardian

