



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Chef Junior Youth 10-12 Cooking and Baking

Chef Junior

The Chef Junior course is for youth who are new to cooking or already have some experience and want to share it with others. Learn about the basics cooking/baking, prepare a meal and have fun while you do it! **Register at the main Y on Hoag Road.**

AGES

10-12 years old

WHEN

Saturdays from 2-3:30pm, May 4-25th

WHERE

YMCA Learning Kitchen

FEE

Member: \$80 per chef

Program Member: \$100 per chef (Program membership annual fee is \$30 for individual, \$55 for two, and \$75 for 3+ children. (Family annual program membership fee is required for those who are not currently Y members)

Scholarships available

CONTACT

Youth Development Director, Randi Breuer

r.breuer@skagitymca.org or 360-419-9058 ext. 305



SKAGIT VALLEY FAMILY YMCA

1901 Hoag Road, Mount Vernon WA 98273
P 360 336 9622 **W** skagitymca.org



2019 YOUTH ACTIVITY REGISTRATION

NAME _____

BIRTHDAY _____ AGE _____ PRONOUNS _____

GRADE _____ SCHOOL _____

PARENT/GUARDIAN _____

EMAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME _____ CELL _____ WORK _____

EMERGENCY CONTACT _____ PHONE _____

SPECIAL CONSIDERATIONS (i.e. health conditions, medication, allergies, etc.) _____

SHIRT SIZE (circle one) _____ YM YL AS AM AL

VOLUNTEER ACTIVITY GUIDES NEEDED!

PARTICIPATION & RELEASE OF LIABILITY

RELEASE/PARTICIPATION: I am the parent or guardian of the participant. I give my permission for my child to participate in YMCA activities. I understand that accidents can sometimes happen. Therefore, in exchange for the YMCA allowing my child to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA, its employees, boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in YMCA activities whether on or off the YMCA's premises. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its employees, boards, members, volunteers, or guests.

MEDICAL TREATMENT: I give permission for YMCA staff or volunteers to provide emergency medical treatment for my child, and to transport to an emergency center for treatment. Also, I consent to medical treatment for my child deemed immediately necessary or advisable by a physician.

INSURANCE: I understand that the YMCA does not provide any accident or health insurance for its members or participants and further understand it is my responsibility to provide such coverage.

MEMBER CONDUCT: I agree for myself and my child to abide by the YMCA code of conduct and all policies and procedures of the Skagit Valley Family YMCA. YMCA participation excludes Level 2 and Level 3 Registered Sex Offenders.

PROPERTY LOSS: The YMCA is not responsible for personal property lost, damaged, or stolen while using YMCA facilities, including parking lots, or participating in YMCA programs.

PARENT/GUARDIAN (print) _____

SIGNATURE _____

DATE _____

OFFICE USE ONLY			
AMOUNT PAID			
DATE	CODE: 06-1331		
CASH	CHECK	CARD	FA
STAFF INITIAL			