

Margate Community Education and Recreation Department
101 North Haverford Avenue, Margate City, New Jersey 08402
609-823-6658
www.margate-nj.com/recreation

Breakfast For Dinner

Back By Popular Demand! During this yummy class, each student will learn to make a delicious meal of cheese omelets, bacon and chocolate chip Danish pastry pinwheels. Once the food is prepared, each student will enjoy eating dinner! Please bring a beverage to class. Please Dress For A Mess. Advanced Registration Required.



(S-11) MONDAY: 7/09/18

3:30~5:30 pm

\$30.00/Child (Ages: 5-12)

Eugene A. Tighe School Home Economics Room
Coordinated By Kitchen Wizards

To Register, Please Complete
The Registration & Waiver Forms On Pages
Two & Three & Four Of This Document.

THANK YOU!!!



Search: Margate Community Education and Recreation Department

Summer Office Hours Are Monday-Friday (8:30 am to 3:00 pm)
Many Of Programs Require Additional Registration Forms; For More Details Please Visit Our Website
www.margate-nj.com/recreation

REGISTRATION BY MAIL

**For Registration Questions
Please Contact: 609-823-6658**

1. Please complete the registration form below.
2. Please fill out a SEPARATE registration form for EACH individual.
3. Include ONE check or cash payment PER class PER individual.
4. Enclose a check made payable to: *Margate City Recreation Department*.
5. Mail registration to: Margate Recreation Department, 101 N. Haverford Ave., Margate, NJ. 08402.

REGISTRATION GUIDELINES

1. Registration for all classes/programs is accepted on a first come first pay basis only.
2. Pre-Registration Required! Please register at least ONE week prior to start date of class/program/camp.
3. No registration for any class/program will be accepted over the phone or without payment.
4. No refunds issued; credits only.
5. All classes/programs are subject to cancellation due to insufficient enrollment.
6. All classes/programs have minimum & maximum numbers associated with registration requirements.
7. All classes/programs, activities, prices, locations, times and instructors are subject to change.

DROP-OFF REGISTRATION LOCATION

Main Entrance Area At The William H. Ross III School (101 N. Haverford Ave.) Lock-Box On The Wall.

SUMMER 2018 REGISTRATION FORM~ PLEASE PRINT CLEARLY

Participant's Name: _____ Age: _____ Grade: _____

Local Mailing Address: _____

City: _____ State: _____ Zip: _____

Best Contact Number: _____ Cell Home Work (please indicate)

E-MAIL Address: _____

List Any Medical Conditions: _____

Emergency Contact Information (Name & Number): _____

Breakfast For Dinner (S-11)

*Participant's Signature: _____

* (Parent/Guardian's signature if participant is a minor).

Media Release

You have my permission to video or photograph my child while participating in activities sponsored by the Margate Recreation Department and for these videos or photographs to be used for the advertisement and promotion of Margate Recreation Programs and other Margate City activities.

I am the parent/lawful guardian of the child named herein and I am authorized to execute this release.

Signature

Print Name

Date

OFFICE USE ONLY:

Notes:

Amount Paid:

Method:

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration, of being allowed to participate in *BREAKFAST FOR DINNER (SUMMER 2018)* within The Margate City Recreation Department's athletic/sports/recreation programs and related events and activities, the undersigned:

Agrees that prior to participating, the undersigned will inspect the facilities and equipment to be used, and if the undersigned believes anything is unsafe, they will immediately advise their coach or supervisor of such condition (s) and refuse to participate.

- 1) Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and social and economic losses which might result from their own actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
- 2) Agrees to assume all the foregoing risks and accept personal responsibility for damages following such injury, permanent disability or death.
- 3) Agrees to release, waive, discharge and covenant not to sue the City of Margate nor the Margate City Board of Education, their respective administrators, directors, agents, coaches, and other employees of the organizations, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees," from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.

The Undersigned has read the above waiver and release, understands that he/she has given up substantial rights by signing it and signs it voluntarily.

Child's Printed Name (First & Last)

Signature of Parent/Guardian

Date

Relationship of to Above Child?

Parent

Guardian

Street Address

City

State

Zip Code

RELEASE - CHILDREN'S CULINARY PROGRAMS

Release executed on _____ (date), by _____ (parent's name),

Of _____ (address).

I hereby acknowledge that I have voluntarily applied to have my child/children (list by name)

_____ participate in a culinary workshop/program offered by Kathy's Just Desserts/Kitchen Wizards, through the Margate Recreation Department.

I AM AWARE THAT EVEN THOUGH THE ACTIVITY IS SUPERVISED, THERE EXISTS A CHANCE OF DANGER OF INJURY AND/OR ALLERGIES TO PARTICIPANTS, AND MY CHILD(REN) ARE VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH MY PERMISSION WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY DUE TO THE CLASS ITSELF OR THE SAMPLING OF PRODUCTS ABSENT ANY GROSS NEGLIGENCE ON BEHALF OF THE PROVIDER.

_____ (Initials)

As lawful consideration for being permitted by Kathy's Just Desserts, Inc./Kitchen Wizards or one of its affiliated organizations to participate in these activities and use of their facilities, I hereby agree that I, my heirs, distributees, guardians, legal representatives and assigns will not make a claim against, sue, attach the property of, or prosecute Kathy's Just Desserts, Inc./Kitchen Wizards or the instruction facility and/or any of its affiliated organizations for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent or contractor of Kathy's Just Desserts, Inc./Kitchen Wizards or its affiliates, as result of my or my child(ren)'s participation in candy making/baking activities. In addition, I hereby release and discharge Kathy's Just Desserts, Inc./Kitchen Wizards and the instruction facility, and its affiliated organizations from all actions, claims or demands I, my heirs, distributees, guardians, legal representatives or assigns now have or may hereafter have for injury, damage, and/or allergies resulting from my participation in candy making/baking activities.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND KATHY'S JUST DESSERTS, INC./KITCHEN WIZARDS AND/OR AFFILIATE ORGANIZATIONS, AND I HAVE SIGNED IT OF MY OWN FREE WILL.

Parent Signature: _____ Date: _____

ALLERGIES/MEDICAL CONCERNS: _____

Emergency Phone Number: _____