

**Community Café Cooking Club Waiver  
Shelburne Middle School Afterschool Activities**

**I'm Amanda Warren, The School Nutrition Program Supervisor for Staunton City Schools, and I will be working with Shelburne students for the next few months in an afterschool cooking club. Your child has expressed interest in participating in our club. The club will be held once per week, every Monday (except when school is not in session) for the remainder of the school year. First class begins January 23, 2017 and ends May 15, 2017. Attendance for each in session club day is necessary, as the lessons build upon one another.**

**Cooking can be a fun learning experience. Cooking in groups encourages and promotes positive socialization; helps to develop sensory, motor, math and language skills; as well as fosters emotional development by increasing a sense of independence and positive self-image as children learn to cook for themselves and others.**

**Cooking also needs to be taken very seriously, as food and kitchen safety is of utmost concern. Students will be trained in food and kitchen safety and it will be their responsibility to adhere to all safety guidelines and to demonstrate at all times the utmost concern for their personal safety and that of their team members. There will be zero tolerance for disciplinary issues.**

**Lastly, tasting is a requirement. Please talk this over with your child and make sure they understand that while food preferences are appreciated, this club is a food exploration opportunity and tasting of ingredients and recipes is an absolute. If your child has a physician diagnosed food allergy or intolerance, please provide a physician's statement along with this signed waiver.**

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**Student's Name:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_ **(Please Print)**

**Parent Email:** \_\_\_\_\_

**Parent Phone Number:** \_\_\_\_\_

**I understand that my child will be exposed to a variety of foods. I understand that my child will be working with cooking tools and appliances with supervision. I understand the nature of the proposed activities and hereby assume any and all risks associated with those activities. My child has permission to participate in Community Café Cooking Club. I have discussed with my child the conditions of club attendance. By signing below, I release any claims, damages and liabilities arising from or related to my child's participation in this club.**

**Sign** \_\_\_\_\_ **Date** \_\_\_\_\_

**Additional Contact Phone #** \_\_\_\_\_