



Adaptive Cooking Classes 2020 Sessions

Tuesdays or Thursdays 12:00-1:00pm

**Copperview Recreation Center
8446 South Harrison Street Midvale, UT 84047**

Session 1: Tuesdays January 7– February 11
Thursdays January 9– February 13

Session 2: Tuesdays February 25–March 31
Thursdays February 27–April 2

Session 3: Tuesdays April 14–May 19
Thursdays April 16–May 21

Session 4: Tuesdays June 2– July 7
Thursdays June 4– July 9

Summer Break

Session 5: Tuesdays September 15–October 20
Thursdays September 17–October 22

Session 6: Tuesdays November 3– December 15 (Skip November 24th)
Thursdays November 5– December 17 (Skip November 26th)

Cost: \$25 for each 6 week session

All classes are subject to change.

2 ways to register

1. Online at slco.org/adaptive/social
2. In person anytime before classes start at Copperview Recreation Center

If you have any questions contact Rebecca at rbarley@slco.org or 385-468-1681

**These classes are designed for adults with intellectual disabilities ages 18+
Chaperones are encouraged to attend.**



For inclusion opportunities for people with disabilities,
contact 385-468-1520 or InclusionRec@slco.org.

SL SALT LAKE
COUNTY
PARKS & RECREATION

REGISTRATION FORM

Name / Nombre _____ Date: _____

PLEASE PRINT: LETRA DE MOLDE (first name / nombre) (last name / apellido)

Male ___ Female ___ Birthday / Fecha de Nacimiento ___/___/___ Age / Edad _____

Address / Dirección _____ City / Ciudad _____ UT Zip / Código: _____

E-mail Address / Correo Electrónico _____

Parent / Guardian Padre / Madre _____ Home Phone / Numero de Teléfono: _____

Cell / Numero de Celular _____

In emergency notify (If NOT parent or guardian) / En caso de emergencia (Que NO sea los padres) _____

Phone / Numero de Teléfono: _____ Work / Cell Numero de Celular o de Trabajo : _____

Any special needs or concerns; Existen necesidades especiales de su hijo? _____


Disabilities / Discapacidad _____

Allergies / Alergias _____

Seizures / Convulsiones _____ Frequency / Frecuencia _____

How did you hear about this program? ¿Cómo supo de su programa? _____

Are there other classes you would like us to offer next session? _____

 ☐ Check here to be contacted about inclusion opportunities for people with disabilities.

PARENTAL CODE OF ETHICS

As A Parent I Will: Remember that the game is for the players and not for the parents. Do my very best to make this sport FUN for my child. Place the emotional and physical well being of my child ahead of any personal desire to win. Demonstrate GOOD SPORTSMANSHIP by giving POSITIVE SUPPORT and ENCOURAGEMENT to all players, coaches, officials, and recreation staff at every practice and game. Support the coaches, officials, and recreational staff with respect regardless of race, sex, creed, or ability. I will expect my child to do likewise.

Consequence for Breaking Code of Conduct: First offense you will be given a card from site supervisor and/or a verbal warning. Second offense you will be removed from the game/practice and be suspended from attending the next game/practice. Third offense you will be suspended from attending the remainder of your child's games/practice.

Signature of Parent/Guardian: _____ Date: _____

PARENTAL STATEMENT OF AGREEMENT - ASSUMPTION OF RISK, LIABILITY RELEASE AND REFUND POLICY

Assumption of Risk: I hereby acknowledge and agree that my child's participation in recreational activities involves inherent foreseeable and unforeseeable risks and hazards which may expose my child, or me, to illness, injury, or death. In consideration of my child's participation in such activities, I for myself, my child, my heirs, my executors and administrators, freely and voluntarily agree to assume and accept any and all risks to my child or myself associated with my child's participation in Salt Lake County recreational activities.

Release: In consideration of my child's participation in the Salt Lake County recreational activities, I, for myself, my child, my heirs, my executors and administrators hereby release Salt Lake County and its officers, agents, and employees from any cause of action, claim, or demand of any nature whatsoever I or my child may now have, or have in the future, against Salt Lake County on account of personal injury, property damage, death, or accident of any kind, caused by, arising out of, or in any way related to my child's participation in Salt Lake County recreational activities.

Indemnification: In consideration of my child's participation in the Salt Lake County recreational activities, I agree to indemnify and hold harmless County, its officers, agents, and employees from any and all causes of action, claims, demands, losses, or costs of any nature whatever cause by, arising out of, or in any way related to my child's participation in the Salt Lake County recreational activities.

Refund: Refunds may only be requested in person and must be accompanied by a written request. As per Salt Lake County policy and procedures the Parks and Recreation Division may withhold 25% of the refund (program registration fee) for administrative costs. No refunds shall be given after the first day of the program.

Collections: I agree to pay Salt Lake County all costs incurred, together with reasonable attorney's fees in the event that my account is referred for collection. I understand that any account delinquent 30 days or more will be turned over to collection.

Emergency Treatment: I hereby authorize Salt Lake Parks and Recreation program staff to act on my behalf in accordance with their best judgment in case of an emergency involving my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise therefrom.

Media Consent: I hereby grant permission to Salt Lake County to use my or my children's photograph, videotaped image, quotes/comments, or name for publicity and educational purposes in any and all publications and media without limit or compensation.

Name Posting: Unless otherwise indicated below, Salt Lake County is authorized to post or publish the name of my child participating in Salt Lake County recreational activities on the Salt Lake County website.

I do not authorize Salt Lake County to post or publish the name of my child participating in Salt Lake County recreational activities on the Salt Lake County website. _____

By signing this assumption of risk, liability release, and refund policy statement, I acknowledge that I have read its contents and disclosure, that I understand its contents and disclosure, and that I agree to its terms. If any portion of this Agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effect.

Name of Participant: _____

Signature (Parent or Legal Guardian): _____ Date: _____

OFFICE USE ONLY: Till #	Amount	By	Date
-------------------------	--------	----	------