

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

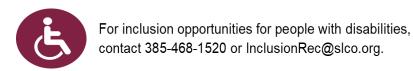
All classes are subject to change.

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.**





REGISTRATION FORM

OFFICE USE ONLY: Till #

Amount



| | | | PARKS & RECREATION |
|---|--|--|--|
| Name / Nombre | | Dambre) (last name / apellido) | te: |
| | | cimiento//_ Age / E | dad |
| | | | UT Zip / Código : |
| E-mail Address / Corre | o Electrónico | | |
| Parent / Guardian Padre / Madre Home Phone / Numero de Teléfono: | | | |
| | lar | | |
| | | | sea los padres) |
| Phone / Numero de Te | eléfono: | Work / Cell Numero de Celular o d | e Trabajo : |
| Any special needs or c | concerns;Existen necesida | des especiales de su hijo? | |
| Disabilities / Discapaci | dad | | |
| | | | |
| Seizures / Convulsione | es | Frequency / Frecuenc | ia |
| 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. | | | |
| ahead of any personal desire to v and game. Support the coaches, Consequence for Breaking Code | win. Demonstrate GOOD SPORTSMANS officials, and recreational staff with res of Conduct: First offense you will be gi | HIP by giving POSITIVE SUPPORT and ENCOURAGEME pect regardless of race, sex, creed, or ability. I will exp | ng. Second offense you will be removed from the game/practice and be |
| Signature of Parent/Guardian: _ | | | Date |
| PARENT | AL STATEMENT OF AGREE | MENT - ASSUMPTION OF RISK, LIAE | SILITY RELEASE AND REFUND POLICY |
| child, or me, to illness, injuto assume and accept any Release: In consideration of and its officers, agents, ar account of personal injury, Indemnification: In considerany and all causes of action activities. I agree that my assessed against the Counmy child's participation in Refund: Refunds may only be 25% of the refund (program | ary, or death. In consideration of my chand all risks to my child or myself associated entire and employees from any cause of action, property damage, death, or accident of attion of my child's participation in the n, claims, demands, losses, or costs of aduty to defend and indemnify the Couty for the defense of any claim or to sathe Salt Lake County recreational activities requested in person and must be according to the county registration fee) for administrative county registration fee. | illd's participation in such activities, I for myself, my cliciated with my child's participation in Salt Lake County County recreational activities, I, for myself, my child, n, claim, or demand of any nature whatsoever I or n of any kind, caused by, arising out of, or in any way rel Salt Lake County recreational activities, I agree to ind any nature whatever cause by, arising out of, or in any nature whatever cause by, arising out of, or in any nty under this Agreement includes all attorney fees, litisfy any settlement, arbitration award, or verdict paities. Companied by a written request. As per Salt Lake Cousts. No refunds shall be given after the first day of the | my heirs, my executors and administrators hereby release Salt Lake County child may now have, or have in the future, against Salt Lake County of ated to my child's participation in Salt Lake County recreational activities. emnify and hold harmless County, its officers, agents, and employees fro a way related to my child's participation in the Salt Lake County recreation tigation and court costs, expert witness fees, and any sums expended by a dor incurred on behalf of the County arising out of or in any way related to the program. |
| delinquent 30 days or mor <u>Emergency Treatment:</u> I her agree to assume full respo <u>Media Consent:</u> I hereby grau and all publications and mo <u>Name Posting:</u> Unless otherwood County website. | e will be turned over to collection. eby authorize Salt Lake Parks and Recr nsibility for all expenses, medical or ot the termission to Salt Lake County to edia without limit or compensation. wise indicated below, Salt Lake County | eation program staff to act on my behalf in accordanc nerwise, that may arise therefrom. Se my or my children's photograph, videotaped image | that my account is referred for collection. I understand that any account with their best judgment in case of an emergency involving my child, are, quotes/comments, or name for publicity and educational purposes in a rild participating in Salt Lake County recreational activities on the Salt Lake ctivities on the Salt Lake county website. |
| | | · · | s and disclosure, that I understand its contents and disclosure, and that all the remainder shall, notwithstanding, continue in full force and effect. |
| Name of Participant: | | | |
| Signature (Parent or Legal Guard | ian): | | Date: |

Ву

Date