

# Healthy Cooking Camp for Teens Registration

Are you interested in a fun, hands-on opportunity for your teen to learn about cooking? Our Healthy Cooking Camp for Teens will provide an opportunity to learn new skills and enhance existing skills in the kitchen.

We are currently looking for a maximum of 8 teens age 12-15 to join our **Healthy Cooking Camp for Teens**. Throughout the program, the teens will:

- learn food preparation and cooking skills
- make healthy, low-cost meals and snacks
- learn safe food handling practices
- build their confidence in cooking

**Where:** First United Church, 10409 100 Ave, Fort Saskatchewan

**When:** Monday, August 13, and Wednesday, August 15, 2018

**Time:** 9:00 am to 1:00 pm

**Cost:** Free!

**Facilitators:** AHPCN Registered Dietitians with guest AHPCN health providers

**Food Allergies & Restrictions:** It is an important part of our cooking camp that your teen shares & enjoys the snacks & meals that they make during the camp. If your teen has a food allergy that you believe may restrict what they are able to make or eat during the camp, please contact us.

**Inclusion Policy:** Our cooking camps strive to be an inclusive environment. Please contact us if you have any questions or concerns about participation.

**Registration Process:** Please complete this registration form, **send completed form by fax to 780-997-0095 or email [nicole.champagne@ahpcn.com](mailto:nicole.champagne@ahpcn.com)**. Space is limited.

Priority will be given to teens who have not experienced cooking camp in the past & teens who can attend all 2 dates. Past attendees will be placed on a cancellation list should a space become available.

# Healthy Cooking Camp for Teens Registration

Full Name of Participant: \_\_\_\_\_

Participants' Birthdate (DD/MM/YYYY): \_\_\_\_\_

Full name(s) of Parents or Legal Guardians: \_\_\_\_\_

Address including Town/City: \_\_\_\_\_

Parents Email Address: \_\_\_\_\_

Daytime Phone number for Parent(s) or Guardian(s) including all emergency contacts during the cooking camp:

\_\_\_\_\_

At the end of each cooking camp day, your teen:

Has permission to walk home  Will be picked up

Does your teen normally help out in the kitchen with cooking/ baking/ food prep?

Once a week  A couple times a week  All the time  Never

Has your teen taken a "Foods" course in school?

Yes  No

Has your teen used a knife to chop vegetables/ fruit/ meat before?

Yes, they are comfortable using knives  Yes, but they don't use knives often

No, they rarely use knives

Has your teen worked on a stove or used an oven?

Yes, they are comfortable cooking on a stove and using an oven

Yes, but they don't use the stove or oven often

No, they don't use the stove or oven

List your teen's special health, dietary issues, allergies, food intolerances including a detailed description of their reactions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Does your teen carry an Epi-pen?

Yes

No

If Yes, does your teen know how to use their Epi-pen?

Yes

No

We are planning some light physical activity during the camp. Please provide details of physical restrictions/ challenges/ conditions in regards to physical activity:

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Please list any other concerns that were not addressed in the questions above:

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Please complete the waiver on the next page.

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## Acknowledgement, Assumption of Risks and Waiver of Claims For Minors for Healthy Cooking Camp for Teens

Please read carefully before signing.  
You must fill out one for each child attending the camp.

In consideration for my child, \_\_\_\_\_, being  
permitted to participate in the following event (s):

- Event: Alberta Heartland Primary Care Network's Healthy Cooking Camp for Teens
- Location: First United Church, 10409 100 Ave, Fort Saskatchewan
- Dates: Monday, August 13, 2018; Wednesday, August 15, 2018
- Time: 9:00am to 1:00pm

I (we) \_\_\_\_\_ parent(s) / Guardian(s) of stated child agree  
to the following provisions:

AHPCN makes the safety of its camp participants and staff its utmost priority and strives to maintain a safe learning environment. Participants in the camp will be using cooking equipment and tools in a teaching-kitchen environment.

It is understood and expressly agreed to that the parent/guardian releases, indemnifies and holds AHPCN and its employees, independent contractors, and volunteers, from any and all liability of any kind for any damage and/or injury incurred in connection with the participant's attendance in camp activities.

It is understood that you accept the risks inherent to light physical activity and the preparation, cooking, and eating of food that has been prepared during camp.

Parent/Guardian will be contacted by AHPCN in case of emergency or if any contact by AHPCN is required. If he/she cannot be reached, the emergency contact will be called. It is the responsibility of the parent/guardian/emergency contact to notify each other.

It is understood that photographs and videos may be taken of my child during camp, some of which may be used in print and/or web for public relations purposes of AHPCN.

Parent(s) or Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_