

May 31-
JUNE 2

"MAKE ME A CHEF" CULINARY CAMP



\$105
REGISTRATION
FEE

INCLUDES:

- "MAKE ME A CHEF" T-SHIRT
 - KITCHEN SKILL DEMONSTRATIONS
 - HANDS-ON COOKING LABS
 - 1 FULL MEAL PER DAY
- Carroll High School, Fort Wayne, IN 46818
Drop off at Door 13

Grades K-5

9:00am-11:30am

Grades 6-8

12:30pm-3:00pm

Renee.Sigmon@nacs.k12.in.us (260)-750-8753



"Make Me a Chef" Culinary Camp Carroll High School

Current Grade Level 2022-2023

Grades K-5—9:00am-11:30am—\$105

Grades 6-8—12:30pm-3:00pm—\$105

Student drop off at Door 13

Blu Flame will host two levels of camp for students. Elementary campers (students that have completed grades k-5) will learn the basics of kitchen safety, etiquette and healthy food choices. Middle school campers (students that have completed grades 6-8) will explore cuisines from across the country and world. If your student has attended camp in the past, lessons are NEW each year. Students will prepare complete meals each day of camp. ***Students will be required to wear closed toe shoes and tie back long hair.**

PLEASE CHOOSE ONE OPTION:

AM Camp (9:00am-11:30am) CURRENT GRADE K-5 May 31-June 2, 2023

PM Camp (12:30pm-3:00pm) CURRENT GRADE 6-8 May 31-June 2, 2023

Registration Information

Name _____ Current Grade (2022-2023) _____

Address _____

Phone _____ Emergency Contact Number _____

T-Shirt Size - Youth: S M L Adult: S M L XL

Parent/Guardian _____

E-Mail _____

Food Allergies _____

Cost includes a "Make Me a Chef" T-Shirt for campers registered before the deadline.

Checks Payable to: Carroll High School. Mail registration, check, and completed permission form by **May 19** to:

Carroll High School
3701 Carroll Road
Fort Wayne, IN, 46818
Attn: Make Me a Chef

Permission

I hereby authorize my child, _____ to participate in the Carroll High School Culinary Camp. I understand that the Carroll Culinary Camp does not carry accident insurance on participants and that it is my responsibility to have an accident policy in place. I authorize the staff of the Carroll Culinary Camp to act according to their best judgment in any emergency requiring medical attention. Further, I waive and release the Carroll Culinary Camp and staff from any and all liability for injury or illness incurred while at the camp.

Parent/Guardian Signature Date

Medical Release Form

This form must be available to the camp director to insure proper medical treatment is taken.

Participant _____ Parent name _____

Home phone# _____ Cell phone# _____

In the event a parent/Guardian cannot be reached please contact:

Emergency Contact Name _____ Emergency Contact # _____

Preferred Physician _____ Preferred Hospital _____

I hereby give my consent for physicians designated by school authorities and/or for transportation to a hospital emergency room for treatment for any illness or injury resulting from participation. I understand this authorization will only be enforced when I cannot be personally contacted to provide immediate treatment.

Parent Signature _____ Date _____

School Use Only:

Date Received _____ Check or Cash _____ Amount Paid _____