

# POWER LUNCH for PARENTS

## Virtual Cooking Program

**Tuesdays**  
**12:30–1:30 p.m.**  
**June 1<sup>st</sup> – July 20<sup>th</sup>**

### ABOUT THE PROGRAM

The Edgecombe County Expanded Food and Nutrition Education Program is implementing a series of 7 virtual cooking classes online via Zoom. You must attend at least 6 of the 7 classes in the series. This program helps limited resource families with children learn how to eat healthier, improve cooking skills, and save money on groceries.

### HOW TO SIGN UP

You must register in advance at the Y's Front Desk or online at [harrisonfamilyY.org](http://harrisonfamilyY.org). Zoom links will be e-mailed to you in advance of each class.

### HOW TO GET YOUR FOOD BAGS

You will not need a food bag of ingredients for the first class. You may begin picking up your weekly food bag on June 7. To do so, you will drive through the Y parking lot between 4–8 p.m. on each Monday. Your box will contain some (but not all) of the ingredients included in the recipe that demonstrated in your classes on Tuesdays.

### QUESTIONS?

E-mail Liz Lord, YMCA Senior Engagement Director, at [llord@rmymca.org](mailto:llord@rmymca.org).



# REGISTER HERE!

You may fill out 1 form per household.

Parent/Guardian \_\_\_\_\_ D/O/B \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Primary Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Primary Phone \_\_\_\_\_

## List other household members you want to register:

Registrant 1 First and Last Name \_\_\_\_\_ D/O/B \_\_\_\_\_

Registrant 2 First and Last Name \_\_\_\_\_ D/O/B \_\_\_\_\_

Registrant 3 First and Last Name \_\_\_\_\_ D/O/B \_\_\_\_\_

Registrant 4 First and Last Name \_\_\_\_\_ D/O/B \_\_\_\_\_

Registrant 5 First and Last Name \_\_\_\_\_ D/O/B \_\_\_\_\_

Registrant 6 First and Last Name \_\_\_\_\_ D/O/B \_\_\_\_\_

WAIVER OF LIABILITY: I understand and agree that the Rocky Mount Family YMCA, Inc. (d/b/a Harrison Family YMCA) nor co-sponsoring organizations or their respective chapters, officers, directors, employees, agents, members or volunteers shall assume or have any responsibility or liability for expenses or medical treatment or form compensation for any injury may suffer during or resulting from my participation in this program. I do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or in any way connected with my participation in this program. I also represent and warrant that I have been advised to seek consultation from my doctor about whether I can safely participate in this program and whether there are precautions or limitations to my participation. I also grant permission to the Y to use any photographs or videography that are obtained as part of this program for future Y advertising and promotions.

## Signature

\_\_\_\_\_

Date \_\_\_\_\_