

POWER LUNCH for PARENTS

Virtual Cooking Program

Tuesdays

12:30–1:30 p.m.

Feb 9th – March 30th

**First 26 families to register receive a
free produce box from Ripe Revival!**

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. The first 26 to register will also receive a free Community Supported Donation Box from Ripe Revival if they would like one. Zoom links will be e-mailed to you in advance of each class.

HOW TO GET YOUR FOOD BOXES

To pick up your weekly food box, you will drive through the Y parking lot between 4–8 p.m. on Mondays. Your box will contain some (but not all) of the ingredients included in the recipe that will be demonstrated in your classes on Tuesdays.

QUESTIONS?

E-mail Liz Lord, YMCA Senior Engagement Director, at 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 _____