**York County Library**

**Library Permission Form and Contact Information**

**Clover Public Library’s YA Let’s Make Cooking Program**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give my permission to allow my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the Clover Public Library’s *YA Let’s Make Cooking Program*, to learn cooking skills, food literacy, and try out new recipes at107 Knox St Clover, SC 29710*.*

I can be reached at the following number for the duration of the Program:

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

Acknowledgment:

I acknowledge that my teen will be cooking and using potentially dangerous kitchen utensils, and I will contact the programmer in advanced if I have any questions, comments, or concerns regarding the program.

Signature of parent or legal guardian:

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

Date:

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