

SYL Kids Cook-Off Competition

Presented by the SYL Kids-in-the-Kitchen [KITK]

<https://seeyalater.ejoinme.org/MyPages/SYLKidsCookOff/tabid/1147827/Default.aspx>

<https://bit.ly/3Q7IJ61>



SYL Kids Cook-Off Competitions will be scheduled throughout the year and will include a variety of age groups.

SYL staff will choose various competitions, select a dish or Special ingredient, judge entries and reward top winners.

Share your love for cooking and a chance to be a top winner at the SYL Kids Cook-Off Competition!

In this round, the Special Ingredient must include:

Pumpkin

A few things to know:

1. Competitors must currently be in 5th – 8th grades
2. Competitors & guardians must read the KITK Rules & Guidelines
3. Waiver of Liability and Release signed by parent/guardian
4. Your Pumpkin Dish will be judged
5. Photo of your Pumpkin Dish will be posted on social media along with your first name and grade.
6. Top Winners (first names) will be announced on social media and via email
7. Registration will close once spots are full.



Step 1: Register online at seeyalater.org under Events! Fee is \$10 (credit card/cash/check)

Step 2: Make your own **Pumpkin Dish**. You decide what kind of dish. FMI: See Rules & Guidelines

Step 3: Write a report/essay on the following:

1. Your First and Last Name
2. Your Grade
3. Title of your Pumpkin Dish/Entry
4. City of residence
5. Write a few sentences about what you liked about making this dish and what you didn't like about making it.

Step 4: Drop Off your Pumpkin Dish/Entry

1. Please drop off your Pumpkin Dish on Saturday morning, Oct. 21, 2023, at the McMinnville SYL Office at 1016 NW Adams St. (back parking lot). An email will be sent with time slots. (approx. 9:00-11:00)
2. You may deliver your Pumpkin Dish on disposable items or schedule to pick up your trays/plates, etc. at later time. *Presentation will be important.*
3. You may bring three individual dishes or one dish for three judges to share.
4. Please bring a copy of your Recipe and a your few sentences.
5. Be prepared to quickly introduce your dish to the judges.
6. The Judges may ask you how you made your dish.
7. We may also take a picture of you and your dish.

Entries will be judged on: (maximum of 20 points)

1. Overall Taste: 1-5 points
2. Texture: 1-5 points
3. Attention to Theme/Special ingredient: 1-5 points
4. Presentation: 1-5 points



Remember, your dish will be judged. Photos of your pumpkin dish will be posted on social media along with your first name and grade. Top Winners will be announced on social media and via email.



Prizes will be awarded!

All participants will receive a measuring cup set and a Pumpkin cookbook!

- 1st Place will win a \$100 Amazon Gift Card
- 2nd Place will win a \$75 Amazon Gift Card
- 3rd Place will win a \$50 Amazon Gift Card

Sponsor Opportunity!

A \$250 sponsorship will include:

- advertising benefits on social media and SYL website
- opportunity to include a relative item with the participants prizes



SYL Kids Cook-Off Competition Rules & Guidelines

1. Competitors should not have helpers.
2. Competitors will bring Waivers signed by parents/guardians to Judging Event.
3. The Entry Dish/Item will be made at competitors' location; for example: home kitchen, Grandma's kitchen or restaurants.
4. Entries must be homemade to the best of your ability. Store bought items must be *integrated* within your own creations, rather than stand alone. Premade ingredients such as: Whipped cream, fruit/savory fillings, crusts, etc. will be penalized up to 5 points.
5. Competitors will bring entry dish/item to Judge's location.
6. Competitors will place their entry on the display table at the designated spot along with their first name and title of their dish.
7. Depending on Judges Location, refrigeration or microwave/ovens may not be available. KITCK staff will inform competitors of this availability.
8. The Judges panel may consist of 3-5 Judges. Judges should not be related to any of the contestants.
9. Judges may be local chefs or restaurant owners, culinary teachers, etc.
10. The actual Judging may be video-taped, and pictures will be taken for advertising and sharing with our community and sponsors.
11. After the Judges have had some time to evaluate the entries, scoring sheets will be collected and KITCK staff will tally the votes.
12. In the event of a tied score, the Entry with the highest score for 'taste' will be declared the Entry with the higher score.
13. First, second, and third-place Winners will be announced. Prizes will be delivered.
15. Applicants may re-apply for future competitions.





Recipe for Kindness

Mix together equal parts:

- ❖ Friendliness
- ❖ Helpfulness
- ❖ Laughter
- ❖ Encouragement
- ❖ And love

Enjoy this treat and pass it on if you can.

Contact Info

See Ya Later" Foundation

PO Box 1281 | 1016 NW Adams St. | McMinnville, OR 97128 | 503-434-1730

Inspiring Youth ~ Encouraging Families

<https://www.facebook.com/SeeYaLaterFoundation/>

www.SeeYaLater.org

Waiver of Liability and Release



Preamble:

This Release is intended to release and discharge **SYL Foundation and Kids Cook** (Released Parties) from all damages, actions, claims and liabilities of any nature, specifically including, but not limited to, damages, actions, claims and liabilities arising from or related to the negligence of the Released Parties. I further agree to indemnify, hold harmless, and defend SYL Foundation and Kids Cook. and each of the other Released Parties from and against any loss, damage, liability, and expense, including costs and attorney's fees, incurred by SYL Foundation and Kids Cook. or any of the other Released Parties as a result of my using the Facility, participating in the Activities, or participating in any other activity sponsored by SYL Foundation and Kids Cook.

Initials_____

Assumption of Risk:

If you have any questions, have them answered before signing this document. In consideration of being permitted to participate in **Kids Cook**, a program of **See Ya Later Foundation (SYL)**, I, in full recognition and appreciation of the dangers and risks inherent in such activities, do hereby waive, release, and forever discharge **Kids Cook**, its officers, agents and employees from and against any and all claims, demands, action or causes of action for costs, expenses or damages to personal property or personal injury, or death, which may result from my, or my child's, participation in these activities.

I understand and admit that my/my child's participation in a **Kids Cook** cooking contest is voluntary. I assume full responsibility for any injuries or damages resulting from my participation in this program including, responsibility for using reasonable judgement in all phases of participation of the program, and travel from cooking location. I recognize and understand that the activities may be hazardous, that participation is solely at my own risk, and that I assume full responsibility for any resulting injuries and damages.

I affirm that my child is in good health. I further declare that my child is physically fit and capable to participate in such activities. I acknowledge that it is in the recommendation of **Kids Cook** that my child obtain general medical/health insurance if I am not already covered. I understand that it is my responsibility to notify the appropriate person in the workplace or event host(s) of emergency medical information. I also understand that this Waiver of Liability and Release binds my heirs, executors, administrators, and assigns as well as myself. I acknowledge that I have read and understand this entire Waiver of Liability and Release, and I agree to be legally bound by it.

Photo Release:

I hereby give permission for my child to be photographed during the any class/event at **Kids Cook**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of **SYL and Kids Cook** and its affiliates.

I further grant full permission to use my child's name, photograph, likeness, biography, voice and/or video for promotional purposes, including, but not limited to, on line and on-air announcements, weekly circular ads, signage, posters, television, magazine articles, websites, social media sites, and any other publications used by SYL and Kids Cook at the discretion of SYL and Kids Cook and without additional compensation or consideration, except where prohibited by law.

SYL, Kids Cook and its co-organizers are not responsible for lost or damaged personal property. All scheduled events/classes are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes.

Initials_____

COVID-19 Acknowledgement and Affirmation:

I affirm that I and my child are in good health. I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I attest that I and my child:

- are not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- have not traveled internationally within the last 14 days.
- have not traveled to a highly impacted area within the United States of America in the last 14 days.
- have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19
- have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.
- are following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

Medical Release:

In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Initials_____

THIS RELEASE IS A BINDING LEGAL CONTRACT, PLEASE READ IT CAREFULLY BEFORE SIGNING.

DATED: _____

NAME OF CHILD: _____

CHILD'S DATE OF BIRTH: _____

PARENT/GUARDIAN SIGNATURE: _____

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Revised June 2020