



VS



Ticket cost will include transportation, supervision, a private viewing of the players pre-game shoot around and a private tour of the Staple Center!

TEEN CENTER TRIP TO THE STAPLES CENTER

SATURDAY, DECEMBER 13, 2008

4:00 PM - 10:00 PM

\$25.00

Registration: Please fill out the registration form, return the form with your payment to the Teen Center (1600 Manhattan Beach Boulevard) or to the Parks and Recreation Department located in City Hall (1400 Highland Avenue).

Brianne Sternad, Senior Recreation Leader, (310) 802-5426
Michael Brooke, Teen Center Supervisor, (310) 802-5435
Idris J. Al-Oboudi, Recreation Services Manager, (310) 802-5404



www.cityymb.info
Keyword: Teen Center



Parks and Recreation Strengthens Safety and Security

Teen Center Clippers vs. Rockets Game
Medical Release/Consent/Liability Waiver for Teen Center Clippers vs. Rockets Game

I, the undersigned, do hereby give my consent and approval for my Child's participation in the Teen Center Clippers vs. Rockets Game. I hereby assume all of the risks and hazards incidental to the conduct of said activity insofar as it relates to my child. I hereby release, absolve, indemnify and hold harmless the City of Manhattan Beach, the Parks and Recreation Department and department employees and the activity leaders and any and all of them from any damage and /or liability arising out of or in connection with the participation in said activity. In the event of injury to my child, I assume responsibility, therefore, and hereby waive any and all claims for damages or loss against the City of Manhattan Beach, the City Parks and Recreation Department and it's employees and activity leaders. Participants involved in Manhattan Beach Parks and Recreation programs/activities may be photographed and such photography may be used to publicize City programs/activities.

Does your child have any medical condition(s) which prevents him/her from participating in this activity? [] Yes [] No

If so, what accommodation would you request from the City. _____

City of Manhattan Beach staff are not responsible for storing and/ or providing medications of any kind for participants in Parks and Recreation trips.

Parent/ Guardian/ Participant (if over 18)

- My signature also gives permission for any necessary Medical Treatment

Signature of Parent or Guardian or Participant (if over 18) _____ Print Name of Parent or Guardian or Participant (if over 18) _____ Date _____

Participant Information

Name: _____ Age: _____ Grade: _____ School: _____

Address: _____ City: _____

Phone: (_____) _____ Emergency Phone: (_____) _____