

Teen Center

Lock-in

A Spring Break Kick-off party

April 3rd - 4th

7:00 PM to 7:00 AM

Can YOU handle a whole night of FUN with the Teen Center? We will spend 3 hours at Mulligans, have a Guitar Hero Tournament, movies all night and an inflatable boxing ring. Enjoy pizza at midnight, breakfast in the morning and so much more. One lucky winner will win a Guitar Hero!

It's only \$20 to get in on all this crazy fun!

For more information call:

Michael Brooke, Teen Center Supervisor (310) 802-5435

Brianne Sternad, Sr. Recreation Leader (310) 802-5426

Idris Al-Oboudi, Recreation Services Manager (310) 802-5404

www.citymb.info Keyword: Teen Center



Parks and Recreation Strengthen
Safety and Security



Teen Center Lock In

Medical Release/Consent/Liability Waiver for Teen Center Lock In

I, the undersigned, do hereby give my consent and approval for my Child's participation in the Teen Center Lock In. 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 its 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(s) 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.

Parent/ Guardian

- My signature also gives permission for any necessary Medical Treatment

Signature of Parent or Guardian

Print Name of Parent or Guardian

Date

Participant Information

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

Address: _____ City: _____

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