

DUARTE PARKS AND RECREATION DEPARTMENT
Para información en Español por favor lláme 357-7931

Teen Trip



Halloween Fright Fest

Friday, October 21

4:00 p.m. to 12:00 a.m.

Yes, we're heading to the Mountain
for plenty of ghost and thrill rides!
Register at the Duarte Teen Center, 1400 Buena Vista St.

WHO: Teens Grades 9th – 12th
FEE: \$45 (Tickets and transportation included, meals on your own.)

All trips are supervised by recreation staff. Sign-ups are taken on a first come first serve basis until trip is filled.
No Refunds unless trip is canceled by the Recreation Department.

For more information contact the Duarte Teen Center at 303-0863.

Participants involved in any departmental programs or special events are subject to the use of photographs depicting them or dependents in City printed materials and/or website. The City may use photographs without an obligation to provide compensation to those photographed. No refunds unless program is cancelled by the Parks and Recreation Department. For more information, contact the Duarte Parks and Recreation Department 357-7931.

Detach and return with fee to the Duarte Teen Center.

PARENT PERMISSION FORM

I, as parent or legal guardian of _____ age _____
Name of Teen

has my permission to participate in the **MAGIC MOUNTAIN EXCURSION** to be held on **Friday, October 21, 2016.**

In consideration of the above participation, I hereby release and hold harmless the City of Duarte, their employees, any volunteers who may assist in said direction, from any and all liability, which may occur by reason of their participation. Furthermore, I understand the following rules and procedures:

- * Participants will be allowed to enjoy the amusement park on their own once inside.
- * If your teen doesn't report back to the meeting place at the end of the excursion on time, a parent will be contacted to come and pick him/her up.
- * If any participant is caught fighting, tagging, shoplifting, or is involved in any illegal activity, the parent will be contacted and must pick up child.

I understand that the teen excursion program has certain risks and hazards inherent with the mode of travel and the places to which my child will travel. I certify that, to the best of my knowledge, my teen is physically, mentally and emotionally capable to participate in said program. I further agree to direct my teen to conform to the fullest with the instructions of the recreation officials in charge.

Medical conditions that should be noted: _____

Parent/Guardian _____ Address: _____
Signature

Phone: _____

Emergency Phone: _____