



Arames White-Shearin,
MPA
Recreation Coordinator

**PARKS, RECREATION & COMMUNITY SERVICES
DEPARTMENT**
4117 OVERLAND AVE., CULVER CITY, CALIFORNIA 90230

(310) 253-6675
arames.white-shearin@culvercity.org
www.culvercity.org

Dear Parent or Guardian:

We are happy to announce the 2nd Annual City of Culver City Dr. King Celebration Youth Leadership Workshop.

Youth Leadership Training Creating a Culture of Peace (8:00 AM – 5:00 PM)

As a part of the Youth Leadership Training portion, your child will learn effective communication skills through group interaction, breathing and centering techniques, role-play, and visual/audio media. They will gain insight about Dr. King, his teachings, qualities of a leader, and values. Other topics include taking responsibility and making smart choices, the meaning of commitment, and human connection in a peer-to-peer setting.

Your child can receive **service learning credits** for the day. Please be sure to bring a form for staff to sign the day of the workshop. Lunch and snacks will be served.

During the training, your child will be working with trainers that are a part of the “Yes! for Schools Program of International Association for Human Values.” For more information about this organization you can go to their website at <http://www.iahv.org/us-en/program/yes-for-schools/>

You and other family members are invited to attend the other Dr. King Celebration activities, on Friday, January 18 and Saturday, January 19. Below is a brief description of events for the 3 days. If you have any questions please call at (310) 253-6675 or email me at arames.white-shearin@culvercity.org.



<p>SATURDAY, JANUARY 12 YOUTH LEADERSHIP WORKSHOP</p> <p>7TH - 12TH GRADE 4153 OVERLAND AVENUE 8:00 AM - 5:00 PM</p> <p>Learn effective communication skills through group interaction, breathing and centering techniques, role-play, and visual/audio media. Insight about Dr. King, his teachings, qualities of a leader, and values.</p>	<p>FRIDAY, JANUARY 18 MOVIE</p> <p>Presented by the City of Culver City</p> <p>Screening of "I AM MLK, JR." Culver City Senior Center Room B 47 4095 Overland Avenue Culver City, CA 90230 310 - 202 - 1647 Time: 12:30 PM - 2:00 PM 7:00 PM - 8:30 PM Seating is limited</p>	<p>SATURDAY, JANUARY 19 CELEBRATION OF KING</p> <p>4095 Overland Avenue 12 noon - 3:00 PM Actor, Gerald C. Rivers as "Dr. King" Spoken Word Youth Leadership Workshop Presentation Student Essay Winners Presentation Music</p>
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PLEASE RETURN PERMISSION FORM BY 1/9/19
Permission Form Youth Leadership Workshop
Culver City Teen Center
4153 Overland Blvd, Culver City, Ca 90230
8:00 AM – 5:00 PM
Saturday, January 12, 2019

Participant Information

Last Name: _____
 First Name: _____
 Email Address: _____
 Parent Name: _____
 Parent Contact Number: _____
 Male Female DOB: _____
 Grade Level _____
 School you attend: _____

WAIVER AND CONSENT TO TREAT RELEASE

I hereby give permission for the minor in my custody to participate in the above-mentioned activity and hereby waive, release and discharge any and all claims or rights to claims for damages for death, personal injury or property damage which I may have or which may hereafter accrue to me, as a result of said minor's participation in said activity. This Release is intended to discharge in advance the promoters, sponsors, the City of Culver City, the officials and any involved municipalities or other public entities (and their respective agents and employees), from and against any and all liability arising out of or connected in anyway with said minor's participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

I further understand that serious accidents occasionally occur during said activity, and that participants in such activity occasionally sustain mortal or serious personal injuries, and/or property damage, as a consequence thereof. Knowing the risks of said activity, nevertheless, on behalf of said minor child, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who, through negligence or carelessness, might otherwise be liable to me, or my heirs or assigns for damages.

It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to accept and abide by the rules and regulations of the City of Culver City. I give my permission to the City of Culver City to photograph me or the minor in my custody participating in the programs for use in City of Culver City publicity and publications and I will not seek compensation for such use.

 SIGNATURE OF PARENT/GUARDIAN DATE

CONSENT TO MEDICAL TREATMENT OF MINOR

"In the event of sudden illness, accident or injury which may occur while said minor is engaged in an activity supervised by the City of Culver City - Parks, Recreation & Community Services Department and their representatives, agents or assignees, when neither parents, guardian or designated family physician can be contacted, I hereby give my consent pursuant to California Civil Code, s25.8, for emergency treatment as shall be necessary under the circumstances by any physician licensed under the Laws of the State of California."

 SIGNATURE OF PARENT/GUARDIAN DATE