



City of Galt
Parks and Recreation Department
610 Chabolla Avenue, Galt, CA 95632
(209) 366-7180

<https://apm.activecommunities.com/galt>



CHILDREN'S MUSICAL THEATER

SUMMER DAY CAMP I 2018

Self-confidence will grow and creativity will shine as students take on the challenges and excitement of performing on stage. This week long day camp will incorporate exercises in physical expressiveness and improvisation as students have fun learning about a themed theater production. Activities may include costume designs, crafts and set design. The weeklong activities will cumulate with a free show for family and friends to enjoy. Students will need to bring a lunch and plenty of water to drink each day.

Dates: Monday, June 25th – Friday, June 29th

Times: 9:00am – 1:00pm

**On Friday, June 29th, performers will return at 6:00pm with a performance for family and friends starting at 6:15pm*

Location: Littleton Community Center

Cost: \$95 per performer

Ages: 7 – 14 years old

Space is limited!

Register at the Galt Parks & Recreation Department offices or online at

<https://apm.activecommunities.com/galt>

For more information, call (209) 366-7180.

This is not a Galt Joint Union Elementary School District sponsored program and the Galt Joint Union Elementary School District accepts no liability or responsibility for this program/activity.



City of Galt, Parks & Recreation Dept.

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PARTICIPANT AGREEMENT

PARTICIPANT NAME _____ AGE ____ BIRTH DATE _____

PARENT/GUARDIAN NAME _____

ADDRESS _____ CITY _____

HOME PHONE _____ WORK PHONE _____

E-MAIL ADDRESS: _____

CLASS/ACTIVITY/SPORT _____

I give my permission for my child (“Participant”) to participate in the above mentioned activity, sport or class sponsored by the City of Galt Department of Parks and Recreation (“Department”). I understand and agree, on behalf of the Participant and myself as parent/guardian, to abide by the rules and regulations of the Galt Parks & Recreation Commission and the Department in the recreational activities mentioned above.

I understand that there are inherent risks in this activity, sport or class and that the City shall not provide insurance. Therefore, I agree, on behalf of the Participant and myself as parent/guardian, to save, keep and hold harmless the City, its officers, agents, employees and volunteers from all claims, demands, suits, causes of action, proceedings, damages, injuries, losses and liabilities of any kind, including, without limitation, bodily injury, in law or equity, resulting from or in any way arising out of or related to the Participant’s participation in this activity, sport or class. Further, I agree that the City will not be held liable for any accident, loss or damage, including, without limitation, bodily injury, to the Participant while participating in this activity, sport or class.

This Participant Agreement shall be considered effective as of the date and time filed with the Department.

Refund requests will not be honored if it has been more than 90 days since registration and/or if the class/activity has begun. For every refund request that is processed, your amount will be reduced by \$15.00 for the service fee.

PARENT/GUARDIAN/PARTICIPANT SIGNATURE _____

DATE _____