



Galt Parks and Recreation Department  
610 Chabolla Ave. Galt, CA  
(209) 366-7180 [galtandr@ci.galt.ca.us](mailto:galtandr@ci.galt.ca.us)  
<https://apm.activecommunities.com/galt>



# Baby Ballet/Jazz/Tap

**Class Description** – Dancers receive 45 minutes of creative movement and dance introduction. Children explore space, body locomotion and body part differentiation, simple rhythms and qualities. At first, children learn self control, body awareness, class structure, temp and size of movement. This is an introduction to dance with engaging music and fun props that will help the dancer's imagination and creativity grow!

**When:** Wednesdays  
6:00 p.m. – 6:45 p.m. - \$45 per month (one class per week)

**Where:** Parks and Recreation Office - Moran/Biederman Room,  
610 Chabolla Avenue, Galt, CA

**Age:** 2 -4 years of age

**Instructor:**

My name is Ariana Lendl. I like to go by AJ or my students can call me Miss AJ. I have been dancing for over 21 years and have been teaching for over 11 years. For 7 years, I owned my own studio. I danced in the Bay Area with the Benna Company and then with the Solano Civic Ballet Company. Dancing is my passion and teaching children to dance is something I have always loved!



\*any pro-rates must be approved by instructor

**PLEASE MAKE CHECKS PAYABLE TO: CITY OF GALT**



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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 \$17.00 for the service fee.

PARENT/GUARDIAN/PARTICIPANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_