



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

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



# CHILDREN'S THEATER

## SUMMER CAMP SESSION II

Self-confidence will grow and creativity will shine as students take on the challenges and excitement of performing on stage. The class will incorporate exercises in physical expressiveness, voice production, improvisation, and the memorization of scenes. Students will have fun acting and singing as they work together to perform a fun-filled and entertaining musical theater production for family and friends to enjoy. THE PERFORMANCE IS THE FRIDAY AFTER THE LAST THURSDAY PRACTICE.

**Dates:** Monday, July 22<sup>nd</sup> – Friday, July 26<sup>th</sup>

**Times:** 9:00am – 1:00pm

*\*On Friday, July 26<sup>th</sup>, performers will return at 5:30pm with a performance for family and friends starting at 6:00pm*

**Location:** Littleton Community Center

**Cost:** \$110 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.*



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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 \_\_\_\_\_