



# Stagehands Children's Theater Winter 2020 #7363



We will meet for 8 weeks and will move through the script quickly, so it is important that your child attends every rehearsal and arrives on time. Casting may be determined on the first day. We firmly believe that every part is important and that all cast members learn the most from being part of a team. Attendance at the final dress rehearsal is required. Our 8-week program will cumulate with a full-length production. **Every cast member may need to wear black shoes, black pants or leggings and a black shirt for the show.** Costumes will be provided for each child depending on their specific roles.

**When:** Thursdays, January 16<sup>th</sup> – March 5<sup>th</sup> (4:00 – 6:00 p.m.)  
& Friday, March 6<sup>th</sup>  
PERFORMANCE @ 6:00 p.m.

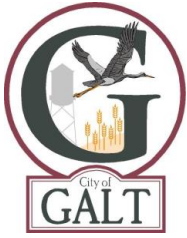
**Where:** Littleton Community Center, 420 Civic Drive, Galt, CA

**Registration Fee** - \$110

**Age:** 7 – 15 years of age



City of Galt  
Parks and Recreation Department  
610 Chabolla Avenue, Galt, CA 95632  
(209) 366-7180  
[www.ci.galt.ca.us](http://www.ci.galt.ca.us)  
<https://apm.activecommunities.com/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 \_\_\_\_\_

