



Galt Parks & Recreation Department  
610 Chabolla Ave., Galt, CA  
(209) 366-7180 [galtandr@ci.galt.ca.us](mailto:galtandr@ci.galt.ca.us)

# GYMNASTICS FOR KIDS



TUMBLING, BALANCE BEAM, STRETCHING, VAULTING, MUSIC  
AND FUN!!! CLASSES ARE LIMITED TO EIGHT (8) STUDENTS  
**(Please call Instructor for class availability)**

WHERE: LITTLETON COMMUNITY CENTER (410 Civic Drive)



WHEN:

MONDAYS:

4:30 pm - 5:15 pm 9-12 years old

TUESDAYS at Littleton Center (410 Civic Drive)

3:15 pm - 4:00 pm 6-8 years old

4:00 pm - 4:45 pm 6&7 years old

WEDNESDAYS:

3:15 pm - 4:00 pm 7-9 years old

COST: \$42 for 4 forty-five minute classes

INSTRUCTOR: NANCY HEALY

Questions? Please Call (209) 470-8095



Please make checks payable to: **CITY OF GALT**



City of Galt, Parks & Recreation Dept.

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[www.ci.galt.ca.us](http://www.ci.galt.ca.us)

### **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 \_\_\_\_\_