

Bulldog Revolution Dance Team

Class Description: Want to join a team with awesome spirit? Want to make lasting friendships? Do you like to dance? Want to learn dances and perform? Then we are the team for you! Come try us out! We will focus on learning different techniques, working as a team, learning dances such as pom, hip-hop, jazz and lyrical! NO experience needed. No tryouts! Just come have fun and learn some awesome dances! Boys and girls are welcome!

When: Mondays, Tuesdays, and Thursdays 3:15-4:45pm
Wednesdays 1:30-3:00pm

Where: McCaffrey Middle School Grounds, 997 Park Terrace Drive, Galt

Age: Must be a 6th, 7th or 8th Grader (can attend any of our area schools – MMS, Arcohe, Oakview, homeschool, etc...)

Fee: \$100.00 per month

For any questions, please call coach AJ at (916)842-4325.



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.

PLEASE MAKE CHECKS PAYABLE TO: CITY OF GALT



City of Galt, Parks & Recreation Dept.
610 Chabolla Ave., Galt, CA
(209) 366-7180
galtpandr@ci.galt.ca.us
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 _____