



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



# KINDERGYM

PARENT/CHILD PLAY DEVELOPS STRENGTH, COORDINATION,  
AND SOCIAL SKILLS!

Circle time activities include songs, parachute, beginning gymnastics  
and age appropriate activities.

Location: Fairsite Campus - Room #16  
902 Caroline Ave

When: Thursdays

Time: 10:00 a.m. - 10:45 a.m.

Cost: \$32.00 for 4 classes

Age: 2 - 3.5 years old



Class Size: Maximum of 10 children per class

**(Please call Instructor for availability in class)**

Instructor: Nancy Healy 209-470-8095



Parents and children will form lasting friendships while  
participating in a warm and friendly atmosphere. Adults  
please wear comfortable clothes and tennis shoes.

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



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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 \_\_\_\_\_

