



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



2026 Camp SOAR REGISTRATION FORM

First – Sixth Graders Only

(grades attended in 2025/2026 School Year)

Fees Vary

Fairsite School Campus (primary location) – groups will be assigned classrooms each week. Also using Gora Aquatic Center, Veterans Soccer Field, Galt Sports Complex and P&R Classrooms.

CHILD'S NAME: _____
First Middle Last

CHILD'S BIRTHDATE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ AGE: _____ GRADE (upcoming year): _____

PRIMARY CONTACT: MOTHER FATHER OTHER _____ RELATIONSHIP

MOTHER NAME: _____ CELL PHONE: _____

WORK PHONE: _____ EMAIL ADDRESS: _____

FATHER NAME: _____ CELL PHONE: _____

WORK PHONE: _____ EMAIL ADDRESS: _____

OTHER NAME: _____ CELL PHONE: _____

WORK PHONE: _____ EMAIL ADDRESS: _____

HOLD HARMLESS AGREEMENT: I give my permission for my child ("Participant") to participate in the SOAR Program ("Program") 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 established the Galt Parks & Recreation Commission and the Department in the SOAR Program.

I understand that there are inherent risks involved with participation in this Program 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 Program. 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 Program.

This Agreement shall be considered effective as of the date signed below.

 Signature of Parent/Guardian

 Date

REGISTRATION AGREEMENT

Before your child may be enrolled in the SOAR program, you must read, understand, and agree to the following terms:

1. **Enrollment and Attendance:** I must complete and submit all enrollment forms provided by Galt Parks and Recreation prior to my child's attendance. All enrollments are on a space available basis. Payments for the desired week(s) is needed to "reserve" your child's spot.
2. **Fees:** I agree to pay Galt Parks and Recreation's session fees for my child to participate in the SOAR Program. FEES are DUE PRIOR TO YOUR CHILD ATTENDING THE PROGRAM EACH WEEK (IF YOU REGISTER ONLINE, PLEASE BRING YOUR RECEIPT WITH YOU TO THE PROGRAM). Since the Parks and Recreation Department does not invoice parents and/or guardians, it is the responsibility of such parents/guardians to make payment promptly when due. Fees are not pro-rated for time not used and there are no refunds or credits for unused hours. Late pick-up fee: A \$15.00 late pick-up fee will be charged every 15 minutes a student remains on site after the scheduled pick-up time.
3. **Illness:** My child will not be allowed to attend the SOAR program when ill. If my child becomes ill during attendance, I or my emergency designee will pick up my child within one (1) hour of notification by a SOAR Recreation Worker.
4. **Custody Issues:** It is the responsibility of the parent/guardian to notify the Parks & Recreation Department regarding **any** custody issues in writing and provide documentation.
5. **Behavior**
Our behavior rules are as follows:
 - Students may not conduct themselves in a manner that could physically or mentally endanger other students or staff.
 - Threats and inappropriate language are not permitted.
 - Students are expected to follow directions given by the recreation workers and support staff.

If your child does not adhere to these rules, staff will contact a parent/guardian/contact person. You may be required to pick him/her up from school within 30 minutes of contact. Certain behavioral issues will be dealt with on an individual basis. It may be determined with input by the recreation worker(s), Recreation Supervisor(s), and/or Parks and Recreation Director that it is in the best interest of the program to drop a child due to any type of aggression and/or certain behavioral issues that may endanger other students or staff. The SOAR Program reserves the right to drop a participant at any time for signs of aggression or discipline issues. Refunds will not be granted.

I have read and fully understand and agree to abide by the terms of the Registration Agreement provided above, the terms of the Parent Handbook, and all other terms of the Program established by the Galt Parks and Recreation Department. In signing below, I am indicating my intent to have my child _____ participate in the Galt Parks and Recreation's SOAR Program.

Signature of Parent/Guardian

Date

EMERGENCY INFORMATION

Child's Name: _____

1. Names of persons authorized to take the child from the facility (other than those who are listed on the front page of this packet).

NAME:	RELATIONSHIP:	PHONE:
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Additional names/relationships/phone numbers of persons who may be called in emergency to pick up child:

3. Physician/Dentist to be called in Emergency (911 will be called when necessary)

Physician Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Local hospital preferred for emergency treatment: _____

If physician/dentist cannot be reached, what action should be taken? _____

4. Child's Medical Insurance: _____ Medical Insurance Number: _____

5. Allergies or medical limitations: _____

PERMISSION FOR MEDICAL TREATMENT:

The undersigned parent/guardian of _____ does hereby authorize Galt Parks and Recreation Department as its agent for the purpose of consenting to the examination, administering of anesthetic, medical or surgical diagnosis, treatment and hospital supervision by a physician or surgeon licensed by the State of California pursuant to the provisions of the Medical Practice Act, whether diagnosis or treatment is rendered at the office of said physician, the hospital or in the field.

It is understood this authorization is given in advance of any specified diagnosis, treatment or hospital care being rendered but is given to provide authority and power on the part of said agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or surgeon in the exercise of their best judgment may deem advisable. This authorization is given pursuant to Section 25.8 of the Civil Code of California.

The undersigned in consideration for agent accepting such responsibility shall pay upon demand all medical cost incurred as a result of agent's authorization whether or not such cost is covered by medical insurance. This authorization should remain effective as long as my child is participating in the SOAR program, unless sooner revoked by written instrument delivered to agent prior to the exercise of the power and authority granted herein.

Signature of Parent/Guardian

Date