

# CIRCUS SUMMER CAMP 2017



**Activities:** Triple and single trapeze, globes, Spanish web, silks, rolla bolla, lyra, hula hoop, low wire, clowning, flying trapeze, juggling, and much more!

**Hours:** Monday-Friday 9 a.m. to 3 p.m. Afternoon snack provided, please bring lunch.

**AGES 6-15** - must have completed kindergarten & been born before 09/01/2011

**CAMPER NAME:** \_\_\_\_\_

*PLEASE SUBMIT A SINGLE REGISTRATION FOR EACH CAMPER*

**Age:** \_\_\_\_\_ (must have been born before 09/01/2011)

**Gender:** M / F

Parent Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Camp Contact if different: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## WHO IS AUTHORIZED TO PICK UP THIS CAMPER?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## HEALTH HISTORY IS REQUIRED TO ENSURE THE SAFETY OF YOUR CHILD AND IS COMPLETELY CONFIDENTIAL

Child's Physician Name: \_\_\_\_\_ Physician Phone #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy: \_\_\_\_\_

Please List any medications, medical problems or disabilities that pertain to your Child: \_\_\_\_\_

Is your child allergic to anything? \_\_\_\_\_ Past surgery? \_\_\_\_\_

Any dietary restrictions? \_\_\_\_\_

## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

IF MY CHILD, \_\_\_\_\_, SHOULD BECOME ILL OR BE INJURED AT THE CIRCUS ARTS CONSERVATORY'S SUMMER CAMP, I UNDERSTAND THAT THE FACILITY WILL: 1) CONTACT ME IMMEDIATELY OR 2) SHOULD CONTACT THE PERSON(S) I HAVE DESIGNATED. I GIVE MY PERMISSION FOR THE CIRCUS CAMP DIRECTOR TO CONTACT MY CHILD'S PHYSICIAN AND/OR ARRANGE FOR IMMEDIATE EMERGENCY TREATMENT. THE PHYSICIAN AND/OR MEDICAL FACILITY ARE AUTHORIZED TO ADMINISTER EMERGENCY MEDICAL TREATMENT NECESSARY TO INSURE THE SAFETY OF MY CHILD.

**Please provide an alternate person we may contact who is authorized by you, who can assume responsibility for your child if for some reason you, the parent(s), cannot be reached immediately in an emergency situation.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

**MEDIA RELEASE** I UNDERSTAND THAT FROM TIME TO TIME, THE CIRCUS ARTS CONSERVATORY AS WELL AS NEWSPAPERS AND TELEVISION STATIONS, MAY INTERVIEW, PHOTOGRAPH AND VIDEO TAPE OUR PROGRAMS FOR PUBLICATION AND HEREBY GIVE MY EXPRESS BLANKET CONSENT TO SAME.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# SUMMER DATES AND PRICES

Please check the session you want to register for and add across.

1 WEEK CAMPS						
	COST	+	PRECARE	+	AFTERCARE	= TOTAL
<input type="checkbox"/> SESSION 1: JUNE 12-16	\$275	+	\$25 _____	+	\$50 _____	= \$ _____
<input type="checkbox"/> SESSION 2: JUNE 19-23	\$275	+	\$25 _____	+	\$50 _____	= \$ _____
<input type="checkbox"/> SESSION 3: JUNE 26-30	\$275	+	\$25 _____	+	\$50 _____	= \$ _____
<input type="checkbox"/> SESSION 5: JULY 24-28	\$275	+	\$25 _____	+	\$50 _____	= \$ _____
<input type="checkbox"/> SESSION 6: JULY 31-AUG 4	\$275	+	\$25 _____	+	\$50 _____	= \$ _____
<input type="checkbox"/> SESSION 7 : AUG 7-11	\$275	+	\$25 _____	+	\$50 _____	= \$ _____

2 WEEK CAMPS						
SESSION 4: JULY 10 -21	\$575	+	\$50 _____	+	\$100 _____	= \$ _____

**TOTAL:** \$ \_\_\_\_\_

**REGISTRATION FEE:** + \$25

SIBLING SESSION DISCOUNT: - \$ \_\_\_\_\_

MULTI WEEK DISCOUNT: - \$ \_\_\_\_\_

SIBLING PRE-CARE DISCOUNT: - \$ \_\_\_\_\_

SIBLING AFTERCARE DISCOUNT: - \$ \_\_\_\_\_

**GRAND TOTAL:** \$ \_\_\_\_\_

**AMOUNT PAID:** \$ \_\_\_\_\_

**METHOD OF PAYMENT**  
(PLEASE CIRCLE)

Cash or Check # \_\_\_\_\_

MC / Visa / Discover/ Amex

Name on Card: \_\_\_\_\_ Card # \_\_\_\_\_ Exp: \_\_\_\_\_

Please do not send credit card information over email

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I authorize The Circus Arts Conservatory to charge my account the "Amount Paid" indicated above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Registration Fee is \$25 per STUDENT

Multi-week Discount - See fees, policies and conditions.

Sibling Discount: take \$25.00 off the session price for each sibling

Pre-care and Aftercare are set weekly prices.

\* Pre care hours - 8AM-8:55AM

\* Aftercare hours - 3:15PM-6PM

## PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of THE CIRCUS ARTS CONSERVATORY, Inc., their agents or employees, owners, officers, volunteers, participants, and all other persons or entities acting in any capacity by, through, under or on their behalf (hereinafter collectively referred to as The Circus Arts Conservatory), I hereby agree to release, indemnify and discharge The Circus Arts Conservatory, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in instruction and training, individual and group initiatives, problem solving exercises, personal growth and development exercises utilizing flying trapeze, static, trapeze, trampoline, silks and vertical rope and other circus equipment entails known and unanticipated risks that could result in physical or emotional injury or death. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: the hazards of slips and falls; being struck by objects dislodged or dropped from above; the hazards from using safety ropes and equipment; the risks of falling off the trapeze; the risks of landing improperly in a safety net; the risks of being entangled in safety lines; my own physical condition, and the physical exertion associated with this activity. Furthermore, The Circus Arts Conservatory employees have difficult jobs to perform. They seek safety, but they are not infallible and among other things (1) they might be unaware of the Participant's fitness or abilities, (2) they might misjudge the weather or other environmental conditions, (3) they may give incomplete or inaccurate instructions or warnings, and (4) the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless The Circus Arts Conservatory from and against any and all claims, demands, actions, suits, judgments, damages, liability, cost or expense, or causes of action, which are in any way connected with my participation in any activity at the Circus Arts Conservatory or my use of any Circus Arts Conservatory equipment or facilities, including but not limited to those alleging negligent acts or omissions.
4. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
5. Should The Circus Arts Conservatory or anyone acting on their behalf be required to incur reasonable attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
6. Notwithstanding anything to the contrary herein, in the event that I file a lawsuit against The Circus Arts Conservatory, I agree to do so solely in the state of Florida, and I further agree that the substantive law of Florida shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

### PARENT'S OR LEGAL GUARDIAN'S ADDITIONAL INDEMNIFICATION: Must be completed for participants under the age of 18

This is to certify that I, as the parent or guardian with legal responsibility for the Participant, do consent and agree to his/her release as provided above. I understand that a minor may not be left unaccompanied at the facility unless attending a day camp program. In consideration of the Participant being permitted by The Circus Arts Conservatory to participate in its activities and to use its equipment and facilities, I release and agree to indemnify and hold harmless The Circus Arts Conservatory, to the fullest extent permitted by law, from any and all liability, claims which are brought by, or on behalf of Participant, even if such liability arises from the active or passive negligence of The Circus Arts Conservatory.

Minor's Name (Please Print): \_\_\_\_\_ Minor's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(PRINT NAME)

(SIGNATURE)

## COMPLETE AND RETURN TO:

**The Circus Arts Conservatory**

**ATTN: Circus Summer Camp**

**2075 Bahia Vista Street Sarasota, FL 34239**

*Phone: 941.355.9335*

*Fax: 941.355.7978*

*Or email to Kathy at*

[Kmerritt@circusarts.org](mailto:Kmerritt@circusarts.org)