

2016 Circus Minimus Summer Camp Registration Form

Child's Name: _____

Date of Birth _____ Phone: _____

Child's Age as of 8/1/16: _____ Grade Entering: _____ School: _____

Address: _____ Town: _____ Zip: _____

Parents' Names: _____

Email: _____

Cell phone: _____ Work phone: _____

Who may we contact if we are unable to reach you in case of an emergency during the time that camp is in session? Please provide two names:

(1) Name: _____ Phone: _____ Relationship: _____

(2) Name: _____ Phone: _____ Relationship: _____

Child's Physician's name: _____ Phone: _____

Child's Dentist's name: _____ Phone: _____

Does your child have any illness, allergy, health problem or disabilities that we should be aware of? If yes, please explain how the condition should be managed:

Has your child ever been stung by a bee? If your child had a reaction, please explain:

Does your child require any medication on a regular basis? Please explain:

Are there any limitations on your child's activities for this program? If yes, please explain:

I give permission for my child to be transported from camp by the following people in addition to myself:

Name: _____	Phone: _____
Name: _____	Phone: _____

Parent Signature: _____ Date: _____

***** Safety at Circus Minimus *****

Circus Minimus is proud of its safety record and we take every precaution to ensure your child's safety. Children are always supervised. Most feats, while exciting, involve no more risk than juggling three balls, doing a somersault or standing two feet off the ground with a safety mat underneath. We are a staff of talented professionals with decades of experience in circus and education. If at any time you believe campers are engaged in an activity they should not be doing, please bring it to our prompt attention. Any relevant medical information should be brought to our attention before your child's participation (please see registration form).

I. Liability Waiver Assumption of Risk

I, _____ (name of the parent or guardian) am aware that some aspects of Circus Minimus may consist of but are not limited to tumbling, still trapeze, mini-trampoline, partner acrobatics, low pipe/wire, human pyramids, juggling and clowning. I am aware that these can be hazardous activities. As the parent/guardian of _____ (child's name), I hereby give my child permission to participate fully in Circus Minimus. Furthermore, I agree to hold Circus Minimus and Open Hearth and any of their agents harmless and blameless in the event of an injury.

Print name of parent/guardian

Parent/guardian signature

II. Medical Release

In case of serious accident or sudden illness, I request Circus Minimus or Open Hearth employees, contractors or volunteers to contact me. If unable to reach me, I hereby authorize Circus Minimus or Open Hearth to contact the additional persons named on the camp registration form and to seek emergency medical care, including transportation to a health care facility. I hereby authorize the physician in charge to administer whatever emergency treatment is necessary at my expense. I agree to this statement as it is written.

Date

Parent/Guardian Signature

If you have questions or concerns, please contact the instructors or Sara Arman at Open Hearth (496-9592). Please complete and return this form to Sara Arman, P.O. Box 1471, Waitsfield, VT 05673 or email to circusminimusvt@gmail.com