

The Flying Trapeze School

REGISTRATION FORM FOR EACH PARTICIPANT

A parent or legal guardian must fill out this form completely and sign for each minor child participant

PLEASE PRINT LEGIBLY

Participant's Name: _____ Date of Birth: ____ (month)/____(day)/____(year)

Participant's Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Home Phone (____) _____ Cell Phone (____) _____

Parent/Guardian Name (if minor): _____ Parent/Guardian Address: _____

How did you hear about *The Flying Trapeze School*? _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone # :(____) _____ Emergency Contact Email: _____

Does the participant have any physical problems, restrictions, limitations or conditions that might limit his/her activity on the trapeze? (e.g. rotator cuff tear, limited grip strength, sports-related injuries, back or shoulder injuries etc.)

As the parent or legal guardian, I give permission for my minor child to participate fully in the program offered, including the flying trapeze and other circus activities. It is my understanding that every effort will be made to contact the parent/guardian/emergency contact prior to medical treatment. In the event that the parent/guardian/emergency contact cannot be reached in an emergency, I hereby give permission to the medical aid selected by the owner and/or the staff of the school to hospitalize or secure treatment for myself/minor child as named above. By signing below, I acknowledge that I/my minor child am/is not pregnant.

(PLEASE CIRCLE ONE)

I DO / DO NOT give permission for photographs and/or videotapes taken of me/my child to be used for advertising and promotional purposes.

Parent/Guardian Signature

Date

Participant Signature

Date