

MARCH BREAK CIRCUS CAMP 2017

MAILING ADDRESS (see Camp Map for location) :
THE CIRCUS ACADEMY
c/o The Sideshow Cafe
1300 Gerrard Street East
Toronto, ON M4L 1Y7
www.thecircusacademy.ca
Ph: 647-748-6030

PARTICIPANT INFO

Child's last name: _____ First name: _____
Birth date (d/m/y): _____ Gender: _____ Age: _____
MEDICAL INFO: Please list any serious medical issues, allergies or conditions that we should be aware of.
Include any pre-existing conditions and physical or emotional problems.

Health card #: _____ Doctor's name: _____ Doctor's phone: _____
How did you hear about us? _____

FAMILY INFO

Parent/Guardian #1 Last name: _____ First name: _____
Home address: _____ City: _____
Postal code: _____ Email address: _____
Home phone: _____ Business phone: _____
Cell phone: _____ **Permission to pick up the child (y/n):** _____
Parent/Guardian #2 Last name: _____ First name: _____
Home address: _____ City: _____
Postal code: _____ Email address: _____
Home phone: _____ Business phone: _____
Cell phone: _____ **Permission to pick up the child (y/n):** _____

EMERGENCY CONTACT

Emergency last name: _____ First name: _____
Home address: _____ City: _____
Postal code: _____ Email address: _____
Home phone: _____ Business phone: _____
Cell phone: _____ **Permission to pick up the child (y/n):** _____

SESSION SELECTION

MARCH BREAK CAMP: **March 13 - 17, 2017 Monday – Friday from 9:00am – 5:00pm** (extended care available)
\$305.00 + HST = **\$344.65** (includes complimentary kids' circus t-shirt)

LOCATION: 1300 Gerrard Street East, Toronto, ON M4L 1Y7

Extended care: 8-9am or 5-6pm daily; \$50.00 + HST = **\$56.50** per week

I/We agree that The Circus Academy, its directors, employees, agents and independent contractors shall not be liable for any injury to my child or loss or damage to personal property arising from, or in any way resulting from participation in The Circus Academy Camps activities unless such injury, loss or damage is caused by the SOLE NEGLIGENCE of The Circus Academy or its employees or agents while acting within the scope of their duties. I further certify that the registrant is covered by OHIP and/or private health insurance.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

MEDICAL FORM

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Toronto, ON M4L 1Y7

PARTICIPANT INFO

Child's last name: _____ First name: _____
Birth date (d/m/y): _____ Gender: _____ Age: _____
Health card #: _____ Doctor's name: _____ Doctor's phone: _____

MEDICAL / BEHAVIORAL ISSUES

IMMUNIZATION Is your child's immunization up to date? Yes No If no, please elaborate: _____

MEDICAL / BEHAVIOURAL ISSUES Does your child have any health or behavioral conditions that we should be aware of? For example: diabetes, epilepsy or prone to seizures, heart disease, kidney trouble, auditory or visual impairments, emotional concerns, asthma, special physical needs, home sickness, death in the family, recent separation/divorce etc.? Yes No If yes, please elaborate _____

ALLERGIES Does your child have any allergies? Ex. food, peanuts, drugs/medication, animals, insect stings, hay fever, etc. Yes No If yes, please specify what your child is allergic to, elaborate on the severity of the reaction and best methods of treatment (attach additional page if necessary) _____

Does your camper carry an **epi-pen** or any other allergy medication? Yes Specify _____ No

MEDICATION Does your child require any medication to be taken or administered while at Camp? For example, ANA kit, asthma ventilator, Ritalin, antibiotic, etc. Yes No If yes, please elaborate _____

Will your child be on a "medication holiday" (i.e. usually takes Ritalin, however is not on it for the summer) while attending camp? Yes No If yes, please elaborate _____

Does your child self-administer the medication? Yes No

ONGOING TREATMENT Is your child undergoing any form of treatment for any physical or emotional illness, condition or injury? Yes No If yes, will this treatment affect or limit participation in camp activities? Yes No If yes, please elaborate _____

SWIMMING (summer only) What level of swimming has your child successfully completed? _____
Please describe your child's comfort level around water or any related phobias _____

OTHER INFORMATION Please elaborate on any other information that may help us in providing the best possible experience for your child (i.e. child's fears, personal goals, past camp history, preferences etc.) _____

EMERGENCY AUTHORIZATION: I understand that in registering for camp, that my child(ren) will be partaking in physical activities, and that with any physical activity, there is a risk of injury. In the event of an emergency, I authorize the physician in the emergency care unit selected by The Circus Academy staff to secure proper treatment for the child indicated above. I understand that every effort will be made to contact me prior to any treatment deemed necessary. My signature below indicates that the above information is as accurate and complete as possible.

NAME (please print) _____ SIGNATURE _____ DATE _____

CIRCUS CAMP

SCHEDULE

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Ph: 647-748-6030

Kids are introduced to the magic of circus under the guidance of professional circus performers.

Activities include the basics of juggling, stilt walking, tumbling, clowning & aerial acrobatics, as well as outdoor activities & short lunchtime circus films. Parents are invited to a final presentation where students showcase their new skills in a mini circus show! A great childhood experience!

Our director is a professional circus performer & certified gymnastics coach & personal trainer with over 18 years of kids' camp experience.

DAILY SCHEDULE

PRE-ARRANGED EARLY DROP -OFF	8:00 am – 9:00 am
ARRIVAL	9:00 am
WARM UP GAMES & STRETCHING	9:00 am – 9:45 am
ROTATION 1:	9:45 am – 10:45 am
- Floor Acrobatics & Mini Trampoline - Tumbling, cart wheels, rolls, etc.	
- Circus Circuit - Juggling, stilts, aerial acrobatics (silks, static trapeze & hoop)	
SNACKS (with quiet games, short circus film or G-rated movie)	10:45 am – 11:15 am
ROTATION 2:	11:15 am – 12:15 pm
- Floor Acrobatics & Mini Trampoline - Tumbling, cart wheels, rolls, etc.	
- Circus Circuit - Juggling, stilts, aerial acrobatics (silks, static trapeze & hoop)	
LUNCH HOUR	12:15 pm – 1:15 pm
- With quiet games, short circus film or G-rated movie	
ROTATION 3:	1:15 pm – 2:45 pm
- Crafts, Clowning, & Act Creation - Outdoor Activity (weather permitting)	
SNACKS (With quiet games, short circus film or G-rated movie)	2:45 pm – 3:15 pm
ROTATION 4:	3:15 pm – 4:30 pm
- Crafts, Clowning, & Act Creation - Outdoor Activity (weather permitting)	
MINI CIRCUS SHOW PROGRESS/SUMMARY OF THE DAY	4:30 pm – 5:00 pm
PICK-UP	5:00 pm
PRE-ARRANGED LATE PICK-UP	6:00 pm

CIRCUS CAMP info

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Ph: 647-748-6030 Fx: 647-723-0397

WHAT TO BRING TO CIRCUS CAMP

- Bag lunch & snacks *****NUT-FREE ONLY*****
- Comfortable activity clothes
- Labeled water bottle
- Towel
- Bathing suit (*summer only*)
- Sunscreen & sunhat (*summer only*)
- Appropriate outdoor clothing
- Any medications or necessary personal items

*****Keep in mind that kids are active all day. Please pack plenty of healthy snacks*****

WHAT NOT TO BRING TO CIRCUS CAMP

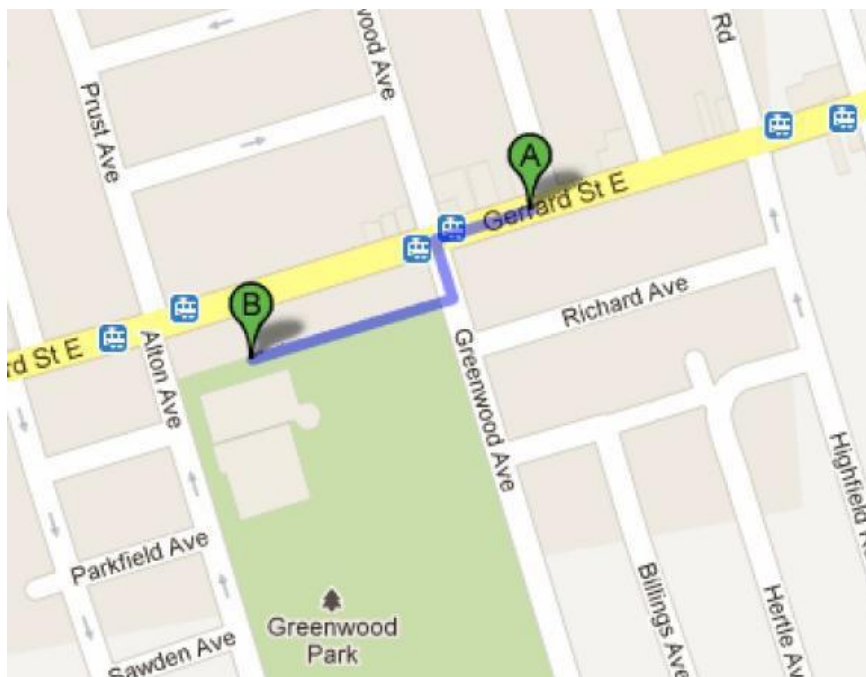
- I-Pads, computers and other electronic devices are **not** permitted at camp.
- Cell phones are to be handed in at drop-off and may be used with a coach present to call parents. They will be returned at pick-up.

CIRCUS CAMP LOCATION:

The Circus Academy
1300 Gerrard Street East
Toronto, ON M4L 1Y7

POOL/SPLASH PAD LOCATION (*Summer Only*):

Greenwood Pool
150 Greenwood Avenue
Toronto, ON M4L 2R1



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Camps open to girls & boys ages 5 and up; Maximum 8:1 camper/counsellor ratio

PRE-ARRANGED 8:00 am drop-off & 6:00 pm pick-up Add \$10/ day + HST
LATE PICK-UP (NOT PRE-ARRANGED) Add \$25 + HST/ occurrence

PAYMENT

Payment is accepted by cheque, cash OR email money transfer (jen@thecircusacademy.ca) ONLY. Cheques should be made out to 'THE CIRCUS ACADEMY' & mailed with your complete registration information to:

THE CIRCUS ACADEMY
c/o The Sideshow Café
1300 Gerrard Street East
Toronto, ON M4L 1Y7

Cash (or cheque) with complete registration may also be dropped off at The Sideshow Café daily from 8:00am – 8:00pm.

CANCELLATION

Camp session(s) may be cancelled at any time.

To be eligible for a refund minus a \$50.00 administration fee, you must advise the Centre of Gravity of your withdrawal no less than fourteen (14) days prior to the start of your session. Please allow 4-6 weeks for refunds.

LATE PAYMENT

Payment is due in full on or before first day of class -- pro-rated cheques accepted for children coming multiple days/week and families with more than one child attending classes. A charge of 5% per week of the total outstanding balance will apply in the event of late payment, beginning seven (7) days following the payment due date.

LATE PICK-UP Add \$25 + HST/ occurrence

HEALTH INSURANCE FOR NON-RESIDENTS

Proof of Health Insurance for non-residents is mandatory. Please include a photocopy of your certificate with your registration form. Insurance Policy Number, Company Name, Dates of Coverage and the name(s) of those covered must be included. Registration will not be processed without this information.

Important Notes:

- Incomplete registrations will not be processed and spaces will not be held until ALL information is received.
- If payment is declined, the registration will be cancelled. There will be a \$25 charge on all NSF cheques.

THE CIRCUS ACADEMY CONTACT INFO:

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