

PERFORMANCE CLASSES

SESSION 1 2017

THE CIRCUS ACADEMY
c/o Sideshow Cafe
1300 Gerrard Street East
Toronto, ON M4L 1Y7
647-748-6030
info@circusacademy.ca
www.circusacademy.ca



PARTICIPANT INFO

Child's First Name: _____ Last 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. A more detailed medical form can be found on the following pages.

How did you hear about us? _____

FAMILY INFO

Parent/Guardian #1 First Name: _____ Last Name: _____

Home Address: _____ City: _____

Postal Code: _____ Email: _____

Primary Phone #: _____ Business Phone #: _____

Secondary Phone #: _____ Permission to Pick Up : Yes No

Parent/Guardian #2 Last Name: _____ First Name: _____

Home Address: _____ City: _____

Postal Code: _____ Email: _____

Primary Phone #: _____ Business Phone #: _____

Secondary Phone #: _____ Permission to Pick Up: Yes No

EMERGENCY CONTACT

Emergency First Name: _____ Last Name: _____

Home Address: _____ City: _____

Postal Code: _____ Email: _____

Primary Phone #: _____ Business Phone #: _____

Secondary Phone #: _____ Permission to Pick Up: Yes No

2 PERFORMANCES CLASSES PER WEEK

For ages 8 to 16. A twice weekly training session for kids and teenagers looking to become circus performers! Focusing on show rehearsals and the creation of new acts, this class is a more in-depth approach. Previous circus knowledge is required.

Students must attend both performance classes, if both performance classes cannot be attended exceptions may be made. A discount will be applied to the second class.

If absent, make-up classes can be accommodated during the After School or Teen Rec. classes. If a student is absent more than 3 times they *may* be asked to continue their teachings in the Teen Rec or After School classes.

During this class, there will be two performances in which the students are required to participate. Classes and rehearsals leading up to the performances are mandatory, unless a doctor's note is provided.

PERFORMANCE CLASS

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Mondays & Thursdays: 6:00 pm – 7:30 pm

SESSION 1	- 16 weeks, Thursdays -----	\$400.00 + HST = \$452.00
Sept 6 – Dec 23, 2017	- 14 weeks, Mondays - no class Sept 4 & Oct 9 -----	\$350.00 + HST = \$395.50

Please send registration forms to: info@thecircusacademy.ca

Please make all cheques payable to: THE CIRCUS ACADEMY

CANCELLATION POLICY

All fees must be paid in full or by post-dated cheques upon registration. **Placement is not final until payment is received.**

To be eligible for a refund minus a **\$60.00** administration fee, you must advise The Circus Academy of your withdrawal **no less than 14 days prior to the start of your session**. Please allow 4-6 weeks for refunds. No refund or credit will be given once session begins. Credit for following session may be granted with doctor's note.

There will be a **\$25.00** charge on all NSF cheques.

Make-up classes are not available for the performance classes.

I/We have read the cancellation policy understand and agree with the terms and conditions therein. I/We agree that pictures and/or video or any likeness of the child pursuant to their participation in The Circus Academy Camps may be used by The Circus Academy in any and all media hereafter known to illustrate and promote The Circus Academy directly or indirectly.

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

PARTICIPANT INFO

Child's first name: _____ Last name: _____
Doctor's name: _____ Doctor's phone: _____
Health card #: _____

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 classes? 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, please elaborate: _____

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 class, 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 _____