

CHIMAL CIRCUS ARTS REGISTRATION FORM

STUDENT INFORMATION

Student's First & Last Name: _____

Student's Birthday: _____

Student Years of Gymnastic or Performing Experience: _____

List Full Name of All People Allowed to Pick Up Student: _____

PARENT INFORMATION

Mother's First & Last Name: _____

Father's First & Last Name: _____

Student's Street Address: _____

City _____ Zip _____

Home Phone #: _____ Work Phone #: _____

Cell phone or other method of contact: _____

E-mail: _____

EMERGENCY INFORMATION

Emergency Contact Person's First & Last Name: _____

Emergency Contact Relationship to Participant: _____

Emergency Contact's Phone #: _____

*In the event of any serious injury, 911 will be called immediately and parents will be notified.

STUDENT'S CURRENT HEALTH

Please mark any condition or injury your child has or have had in the past that might have an impact on his/her ability to participate in any strenuous activities including, but not limited to the following conditions:

____ No Health Related Problems

____ Broken Bones

____ Seizures

____ Diabetes or Hyperglycemia

____ Asthma

____ Allergic Reactions

____ Panic or Anxiety Attack

____ Impaired Vision

____ Allergies to Food

____ Allergy to Insect Sting

____ Severe Sprains

____ Heart Condition

____ Spinal injury

____ Dislocation of Joints

____ Head Injury or Concussion

____ Hearing Impairment

____ Strained or Ripped Tendons or Ligaments

____ Muscle Problems or Conditions

____ Behavior/Mental Health Problems

Please explain any condition listed or not listed above:

Is Your Child Current On All Required Immunizations? (Please Include Copy Of Record)

YES NO

Participant is taking the following prescription medication (if any):

Prescription name:

Dosage: _____

Time: _____

ACTIVITIES REGISTERING FOR

CLASSES

- Aerial Silks/Hoop/Trapeze Tuesday 7:00pm-8:00pm
- Aerial Silks/Hoop/Trapeze Thursday 7:00pm-8:00pm
- Aerial Silks Saturday 10:00am-11:00am
- Acro Gymnastics Tuesday 6:00pm-6:50pm
- Acro Gymnastics Thursday 6:00pm-6:50pm
- Private Lessons (\$75/hr)
- Semi-Private Lessons (\$50/hr each person- 2 people)
- Trinity Lutheran Tuesday 3:30pm-4:30pm
- Christ Community Wednesday 3:15pm-4:15pm
- Legacy Prep Gymnastics Friday 9:30am-10:30am
- Legacy Prep Circus Arts Friday 10:30am-11:30am

SUMMER CAMP

Session 1: (Not set yet for 2018)

By signing below you give permission, in the event of any illness, injury or other emergency, to whatever x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary by the trainers present at the class or workshop for the safety and welfare of the program participant.

Parent/Guardian Signature _____ **Date:** _____

I acknowledge that I have read the above mentioned facts. I certify that all answers are, to the best of my knowledge correct and true.

I grant permission for photographs and or videos to be taken of my child and Chimal Circus Arts can use these images in brochures, websites, and other camp materials.

Chimal Circus Arts reserves the right to cancel class and/or camp due to insufficient registration.

Parent/Guardian Signature _____ **Date:** _____