



# The Youth Circus Project Presents:

## Fall 2016 Circus Program

*Facilitating accessible and empowering workshops for youth*

The Youth Circus Project is excited to launch the first Circus Program for the St. George's Neighbourhood Group!

### Program Dates Content

10 weeks, every Saturday  
October 1<sup>st</sup> to December 10<sup>th</sup>  
**Excluding October 8<sup>th</sup>**  
10:00 – 11:00AM

Our programs deliver age-appropriate content, focusing on a range of circus skills, including:

- Juggling
- Theatrical Clowning
- Spinning Plates
- Partner Acrobatics
- Flowersticks
- Diabolo



### Cost

\$75

**\*Please contact us if a financial barrier will prevent your child(ren) from participating\***

### Our Mission Our Commitment

**It is our mission to offer the highest quality programming for youth that inspires growth through exploration of potential in a safe and supportive environment. In every workshop, we give the leaders of tomorrow a chance to redefine what's possible for themselves and their community.**

*We commit to providing exceptional service to our community in all of our interactions, programs, and performances. We honour and respect our position as role models and all of our programs are founded on the personal development of our team members. We are always open to feedback and love to hear your questions, comments & concerns.*

**\*Keep this page for program dates\***

## Participant Information

Child's last name:		First Name:
Date of Birth (d/m/y):	Age:	Health Card #:
Doctor's Name:		Doctor's Phone #:

## Family Information

Parent/Guardian's last name:	First Name:
Home address:	City:
Postal code:	Email address:
Primary phone:	Secondary phone:

## Emergency Contact

Last name:	First Name:
Relation to child:	Primary phone:
Secondary phone:	

## Medical/Behavioural Information

In order to help us give the best experience to your child, please take a few minutes to provide us with some background information. We would like to know any relevant physical, emotional, or behavioural issues that will have an impact on their participation. For example, is your child shy? Does she have difficulty focusing on one task? Is he quick to anger or frustration? Any information you give us will be very helpful in providing the most personalized experience we can.

General Background: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any medical conditions that we should be aware of? For example, epilepsy, diabetes, visual problems, asthma, etc.? \_\_\_\_\_  
\_\_\_\_\_

Are there any specific or general goals that you or your child have for the coming session? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Waiver of Liability & Photo/video release for Circus Activities

This agreement releases the Youth Circus Project, its contractors, employees, owner, and affiliate groups from all liability relating to injuries, property loss or damage that may occur during activities hosted by the Youth Circus Project. This release includes activities with or without Youth Circus Project staff outside of designated program hours, including rehearsals, performances, and all other non-program activities. By signing this agreement, I agree to hold the Youth Circus Project, it's contractors, employees, owner, and affiliate groups entirely free from any liability, including financial responsibility for injuries or property loss or damage incurred, regardless of whether they are caused by negligence.

I also acknowledge the risks involved in juggling, clowning, partner and solo acrobatics, prop manipulation, dance, and other circus activities. These include but are not limited to bodily injury, property damage, and emotional distress. I also acknowledge that it is my responsibility to convey to the Youth Circus Project any relevant medical or psychological information for the participant, which might have bearing on the health, safety, and wellbeing of the named participant. By signing below I forfeit all right to bring a suit against the Youth Circus Project, its contractors, employees, owner, and affiliate groups for any reason.

I hereby authorize the Youth Circus Project (YCP) to publish photographs and/or video taken of myself and/or the minor child or children listed below during any activities hosted by the YCP, for use in the YCP's print, online and video-based marketing materials, as well as other YCP publications.

I hereby release and hold harmless the Youth Circus Project, and Andrew Giordano from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize the Youth Circus Project to use their likenesses and names.

## Cancellation Policy:

To be eligible for a refund (minus \$20 administration fee), you must notify the Youth Circus Project of cancellation no less than 7 days prior to the start of the program. After this point, only credit for following session will be issued. There will be a \$25 charge for all NSF cheques.

Participant's full name: _____	Birth date(d/m/y): _____
Parent/guardian's full name: _____	Date(d/m/y): _____
Signature: _____	

## The Youth Circus Project

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