



CONTEMPORARY CIRCUS & IMMERSIVE ARTS CENTER

Summer Circus Camp Registration and Application

Participants Name: _____

Nickname or preferred name: _____

Pronouns: _____

Date of Birth: _____

Siblings' names (*if participating*) _____

Date of Birth: _____

Parent/Guardian's Name: _____

Cell Phone: _____ Email: _____

Address: _____

State: _____ Zip Code: _____

Have you attended CCiAC Summer Circus Camp or any other Circus program or training in the past?

Emergency Contact and Authorized Pick-Up:

Emergency Contact Name: _____

Phone: _____ Relationship: _____

Emergency Contact Name: _____

Phone: _____ Relationship: _____

Authorized Alternative Pick Up: _____

Phone: _____ Relationship: _____

Health Insurance Information:

Name of Carrier: _____

Name of Policy Holder: _____

Subscriber Id/member number: _____

Card number/card date: _____

Does your child have any allergies, chronic illness, or medical conditions that would limit high level activity?

Yes No

If yes, please describe and indicate any medication or medical precautions that will need to be taken.

Parental Permission for Emergency Treatment:

In the event of illness or accident, I give my permission for emergency treatment by qualified medical personnel for my child, and I authorize the person in charge to take my child to:

I give consent for the CCIac to secure any and all necessary emergency medical care for my child.

Name of Physician / Emergency Medical Care Facility: _____

Address:

State / Province: _____ Postal / Zip Code: _____

Phone Number: _____

Camp Policies and Liability Release

Please sign below to indicate that you have read and reviewed all camp policies and facts. As well as the Liability Waiver and have agreed to let your child participate in Summer Circus Camp, 2024.

Printed Name: _____ **Date:** _____

Signature: _____

Childcare Registration

Childcare is provided from 3-5:30 pm for \$10/hr every day that camp is in session. If you would like to enroll your child please indicate the days and times that your child will be in attendance.

- Monday, August 12th Time: _____

- Tuesday, August 13th Time: _____

- Wednesday, August 14th Time: _____

- Thursday, August 15th Time: _____

- Friday, August 16th Time: _____