



## Summer 2014 Registration

### Registrant Information

Please note that your information will be entered into our online registration system. If you do not wish to be entered into our system, please call us at 850/645-0562

<b>Name:</b>
<b>Email:</b>
<b>Gender:</b>
<b>Date of Birth</b> (must be over 18):
<b>Street Address:</b>
<b>City:</b>
<b>State:</b>
<b>Zip Code:</b>
<b>Phone (home):</b>
<b>Phone (mobile):</b>

### Camper Information #1

<b>Name:</b>
<b>Gender:</b>
<b>Date of Birth:</b>
<b>T-shirt size:</b> x-small      small      medium large      x-large
<b>Weight:</b>
<b>Height:</b>
<b>Additional Notes:</b>
<b>Camp Sessions: 9am - 3pm</b> <input type="checkbox"/> June 30 – July 4    Session 1 <input type="checkbox"/> July 7 – 11    Session 2 <input type="checkbox"/> July 14 – 18    Session 3 <input type="checkbox"/> July 21 – 25    Session 4 <input type="checkbox"/> July 28 – August 1    Session 5 <input type="checkbox"/> August 4 – 8    Session 6 <input type="checkbox"/> August 11 – 15    Session 7

### Camper Information #2

<b>Name:</b>
<b>Gender:</b>
<b>Date of Birth:</b>
<b>T-shirt size:</b> x-small      small      medium large      x-large
<b>Weight:</b>
<b>Height:</b>
<b>Additional Notes:</b>
<b>Camp Sessions: 9am - 3pm</b> <input type="checkbox"/> June 30 – July 4    Session 1 <input type="checkbox"/> July 7 – 11    Session 2 <input type="checkbox"/> July 14 – 18    Session 3 <input type="checkbox"/> July 21 – 25    Session 4 <input type="checkbox"/> July 28 – August 1    Session 5 <input type="checkbox"/> August 4 – 8    Session 6 <input type="checkbox"/> August 11 – 15    Session 7

### Camper Information #3

<b>Name:</b>
<b>Gender:</b>
<b>Date of Birth:</b>
<b>T-shirt size:</b> x-small      small      medium large      x-large
<b>Weight:</b>
<b>Height:</b>
<b>Additional Notes:</b>
<b>Camp Sessions: 9am - 3pm</b> <input type="checkbox"/> June 30 – July 4    Session 1 <input type="checkbox"/> July 7 – 11    Session 2 <input type="checkbox"/> July 14 – 18    Session 3 <input type="checkbox"/> July 21 – 25    Session 4 <input type="checkbox"/> July 28 – August 1    Session 5 <input type="checkbox"/> August 4 – 8    Session 6 <input type="checkbox"/> August 11 – 15    Session 7

### Payment Calculation

Number of sessions \_\_\_\_\_ x \$275 = \_\_\_\_\_

**Total Payment = \$** \_\_\_\_\_

Please send your completed registration forms along with payment (check or money order) to:

FSU Circus  
T211 Oglesby Union  
P.O. Box 3064026  
Tallahassee, FL 32306-4026

For more specific information about the FSU Circus Camp (drop-off location, schedules, etc.) please visit our website

**[circus.fsu.edu](http://circus.fsu.edu)**

## Emergency Contact Information

<b>Name:</b>	
<b>Gender:</b>	
<b>Phone (home):</b>	
<b>Phone (mobile):</b>	
<b>Phone (work):</b>	
<b>Contact type:</b>	Emergency      Pick Up

<b>Name:</b>	
<b>Gender:</b>	
<b>Phone (home):</b>	
<b>Phone (mobile):</b>	
<b>Phone (work):</b>	
<b>Contact type:</b>	Emergency      Pick Up

<b>Name:</b>	
<b>Gender:</b>	
<b>Phone (home):</b>	
<b>Phone (mobile):</b>	
<b>Phone (work):</b>	
<b>Contact type:</b>	Emergency      Pick Up

## Statement of Voluntary Consent, General Release, and Waiver of Liability

In consideration of my minor child's participation in The Florida State University's FSU Circus Summer Day Camp activities including but not limited to: participating on flying trapeze, walking on a low tight wire, juggling, riding unicycles, acrobatics, trampoline, climbing ropes, performing low and high static trapeze skills, and walking on rolling globes, and having actual knowledge and appreciation of the particulars of the program and those risks involved in this type of activity, I voluntarily consent to my minor child's participation in the program, and assume the risks arising there from.

In consenting for my minor child's participation in the FSU Circus Summer Day Camp, I acknowledge that I have been given information about the activities included in our Circus Camp Parents' Guide, and specific guidelines associated with the camp, for my independent review, which I have read and understood, and hereby agree to the camp requirements.

I HEREBY CONSENT, declare and represent, as evidenced by my signature below, that I am on notice that The Florida State University has no medical, health or hospitalization insurance to cover me or my minor child in the event of accident, injury, illness or death, and hereby specifically release and hold harmless The Florida State University, the Florida State University Board of Trustees, and the Florida Board of Education, and the Florida Board of Governors, their agents, employees, representatives and personnel, from any and all liability connected with the FSU Circus Summer Day Camp activities and assume any and all risks, liabilities and responsibilities for all accidents, injuries, damages or property losses arising there from. Furthermore, I acknowledge that it has been strongly recommended to me that I obtain my own, or in the event of my minor children, his or her own health, medical and/or hospitalization insurance prior to participating in the FSU Circus Day Camp. If you have health, medical and/or hospitalization insurance, please provide that proof of insurance on our Parental Medical Consent Form.

I hereby declare and represent that in making, executing, and tendering this Statement of Voluntary Consent, General Release, and Waiver of Liability, I fully understand and acknowledge that I am relying wholly upon my own judgment, belief and knowledge of the circumstances involved in my minor child's participation in the FSU Circus Day Camp, and that I have read this statement, understood its contents and voluntarily executed it of my free will and choice.

Participant Name/Print: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Mo./Day/Yr.  
Parent or Guardian Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

## Parental Medical Consent Form

### Camper Information

Camper Name: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Parent's Address: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Camp Name: \_\_\_\_\_

Camp Dates: \_\_\_\_\_

### Proof of Insurance

Insurance Company Name: \_\_\_\_\_

Policy #: \_\_\_\_\_

Insurance Company Phone: \_\_\_\_\_

### Medical Information

Please list any medical conditions and medications (prescription and non-prescription) as well as the time at which each medication should be administered

Please list below an alternate contact with authority to initiate medical treatment for your child.

Alternate contact name: \_\_\_\_\_

Alternate contact address: \_\_\_\_\_

Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

By signing below you agree to the following:

- If the Camp Director or Assistant Camp Director determines that a camper's activities while attending the camp are contrary to the general operational, safety and health policies of the University, the parent or guardian agrees to pick up his/her child from camp.
- In the event of a medical emergency, the alternate contact listed above has the authority to initiate medical treatment for our child.
- In the event that we are unable to contact either you or the emergency contact, you authorize the Camp Director or Assistant Camp Director

Name

Signature

Date