



CENTER RING CIRCUS SCHOOL

Circus Day Camp Registration Form 2016

1. PARTICIPANT INFORMATION (MONDAY THROUGH FRIDAY 8:30 A.M. TO 3:30 P.M.)

Camp Sessions and Dates (Please mark all sessions for which you are registering.)

___ Spring Session March 28 to April 1 (\$275)

___ Session 2 July 18 to July 22 (\$275)

___ Session 1 June 20 to June 24 (\$275)

___ Session 3 August 15 to August 19 (\$275)

Participant Name: _____

Age: _____ DOB: _____ Male ___ Female ___

Parent/Guardian's Full Name: _____ Email Address: _____

Parent/Guardian's Phone: (h) _____ (w) _____ (c) _____

Street Address: _____ City/State/Zip _____

Emergency Contact Name 1: _____ (h) _____ (w) _____ (c) _____

Emergency Contact Name 2: _____ (h) _____ (w) _____ (c) _____

Immunization Information

For campers who reside **within** the United States, a United States territory or the District of Columbia:

State/territory in which child resides: _____

Is this child exempt from any immunizations ___ No ___ Yes If Yes, List them: _____

For campers who reside **outside** the United States, a United States territory or the District of Columbia:
Country in which child resides: _____
Attach Department form DHMH-896-Record of Vaccination or Immunity (Available by request from the CRCS.)

2. HEALTH INFORMATION

Primary Care/Clinic/Physician Name: _____ Phone Number: _____

Participant has Allergies (Rubber/Latex/Food/Medicine) or Medication Sensitivities(i.e. not an allergy, but not to be taken)?

Yes ___ No ___ If Yes, please specify, including medication: _____

Health Information: Provide information on any medical, physical, psychiatric, or behavioral conditions, medications, dietary restrictions, or special needs that we need to be aware of to ensure a positive camp experience:

Participant has seizures? Yes ___ No ___ Medication for seizures? Yes ___ No ___ If yes, name the medicine and usual treatment: _____

Limits on participant's physical activities? Yes ___ No ___ If Yes, please elaborate: _____

Note: Please attach any additional information needed. Please be aware that a Medication Authorization Form is required for any medication (including non-prescription) or Devices/Procedures (i.e. epi-pens, inhalers, and insulin pumps) in camp.



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3. PARTICIPANT RELEASE (OTHER THAN PARENT OR GUARDIAN ON PREVIOUS PAGE)

At the end of each camp day, students must be signed out by a parent, legal guardian, or an authorized adult (see below).

For students ten (10) years of age or older, you may authorize them to sign themselves out here:

The Center Ring Circus School staff is authorized to allow my child _____ (ten years of age or older) to sign his/herself out at the end of his/her registered camp day. I understand my child may not sign out earlier than his/her normal dismissal time without my notifying camp staff ahead of time.

Name of Parent/Legal Guardian: _____ Signature: _____ Date: _____

You may authorize an older sibling or another adult to sign out your child here:

The Center Ring Circus School staff is authorized to release my child _____ to the following individuals who may pick up and sign out my child from camp. I understand that each authorized person must be at least sixteen (16) years old, and my child will not be permitted to leave camp with anyone not listed below.

My child may be released to the following people:

	Name	Phone Number	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Name of Parent/Legal Guardian: _____ Signature: _____ Date: _____

4. DEPOSIT, CANCELLATION, AND LATE PICK-UP POLICIES

A deposit of 50% of the total fee is required at the time of registration. Camp registrations canceled 21 days or more before the start of camp will receive a full refund. Cancellations between 10 and 21 days before the start of camp will forfeit their deposit. Registrations canceled within 10 days before the start of camp will pay the entire fee. Exceptions will be granted in cases of documented injury or serious illness. A late fee of \$15 per fifteen minute increment will be assessed for participants who are not picked up by fifteen minutes past the program's scheduled closing time. We understand that emergencies do arise and request that parents call the camp line if they are delayed. However, late charges may still be assessed.

5. PROGRAM LIABILITY RELEASE/AUTHORIZATION

I hereby give permission for the applicant to participate in all program activities and agree to release the Center Ring Circus School, its officers, employees, contractors, and agents from all liability arising from any harm or injury incurred by the participation of my child in the circus day camp program. I have read and signed the Center Ring Circus School program liability waiver form (attached) within the last year.

I hereby represent and warrant that I am the participant's parent or guardian and am authorized to provide the releases, authorizations, and permissions as stated. By way of copy of this form, I authorize the staff of the Center Ring Circus School to obtain medical/hospital treatment for my child in the event of an emergency.

X _____ X _____
 Print Name of Parent/Guardian Signature of Parent/Guardian Date



AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of the Center Ring Circus School, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "CRCS"), I hereby agree to release, indemnify, and discharge CRCS, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in aerial arts, circus arts , and other various disciplines entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include, among other things: slips and falls; falling from equipment; rope burns; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening hazards; strains, cuts, bruises, muscle soreness and fractures; musculoskeletal injuries including head, neck, and back; injuries to internal organs; the negligence of other people; the negligence of other participants, or other persons who may be present; my own physical condition; and the risk of emotional and psychological injuries or physical damage associated with this activity. In any event, if your child is injured, your child may require medical assistance, at your own expense. Furthermore, CRCS employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.
2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless CRCS from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of CRCS 's equipment or facilities, including any such claims which allege negligent acts or omissions of CRCS.
4. Should CRCS or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. In the event that I file a lawsuit against CRCS, I agree to do so solely in the state of Maryland, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against CRCS on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Print Name _____
Address _____
Phone _____ Email: _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

In consideration of _____ (print minor's name) ("Minor") being permitted by CRCS to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless CRCS from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Print Name: _____ Date: _____



For Students Who Need Medications at Camp
(Required for All Medications--Including Non-Prescription)

Note: We request that whenever possible, parents work medication schedules so that they may administer their child's medications themselves prior to and after camp. It is our strong preference to not have any medications at camp unless absolutely necessary.

FOR COMPLETION BY PARENT/GUARDIAN

Full Name of Camper: _____

I understand that I must submit this form, **and a medication authorization form filled out and signed by my child's physician**, and supply the Center Ring Circus School with the equipment and supplies needed to administer the medication.

I understand that the prescription medication must be in its original pharmacy container, labeled by a registered pharmacist indicating name of the camper, name of the physician, date, and directions for administration.

I understand that over-the-counter medication must be in its original packaging with the name of the camper, name of the physician, date, and directions for administration affixed.

I understand that the physician will be called if a question arises about my child's medication.

I understand that 911 will be called in an emergency.

I hereby authorize my child's medication to be administered as directed by my child's physician.

X _____
Parent/Guardian Name

X _____
Parent/Guardian Signature

X _____
Date

**PLEASE PRINT OUT THE ATTACHED MEDICATION AUTHORIZATION FORM
DHMH-4758 FOR YOUR CHILD'S PHYSICIAN TO COMPLETE**

(Required by the Maryland Department of Health and Mental Hygiene)

THIS FORM ONLY NEEDED FOR CAMPERS WITH MEDICATIONS TO BE ADMINISTERED AT CAMP.

MEDICATION ADMINISTRATION AUTHORIZATION FORM DHMH-4758

Department of Health & Mental Hygiene (DHMH)
Center for Healthy Homes and Community Services (CHHCS)
(410) 767-8417 Toll Free 1-877-4MD-DHMH ext. 8417

THIS FORM ONLY NEEDED FOR CAMPERS WITH MEDICATIONS TO BE ADMINISTERED AT CAMP.

This form must be completed fully in order for youth camp operators and staff members to administer the required medication or for the camper to self administer medication. A new medication administration form must be completed at the beginning of each camp season, for each medication, and each time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Nonprescription medication must be in the original container with the instructions for use. Nonprescription medication includes vitamins, homeopathic, and herbal medicines.
- An adult must bring the medication to the camp and give the medication to an adult staff member.

II. CAMP INFORMATION

YOUTH CAMP NAME

PHYSICAL ADDRESS

CITY

STATE

ZIPCODE

III. PRESCRIBER'S AUTHORIZATION

CHILD'S NAME

DATE OF BIRTH

CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED:

EMERGENCY MEDICATION

YES NO

MEDICATION NAME

DOSE

ROUTE

TIME/FREQUENCY OF ADMINISTRATION

IF PRN, FREQUENCY

IF PRN, FOR WHAT SYMPTOMS

KNOWN SIDE EFFECTS SPECIFIC TO CHILD

MEDICATION SHALL BE ADMINISTERED
(NOT TO EXCEED 1 YEAR)

FROM

TO

PRESCRIBER'S NAME/TITLE

This space may be used for the Prescriber's Address Stamp

TELEPHONE

FAX

ADDRESS

CITY

STATE

ZIPCODE

PRESCRIBER'S SIGNATURE (*Parent cannot sign here*)

DATE

(ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY)

IV. PARENT/GUARDIAN AUTHORIZATION

I request the authorized youth camp operator/staff to administer the medication or supervise the camper in self administration if authorized as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period, an adult must pick up the medication, otherwise it will be discarded. I authorize camp personnel to communicate with the prescriber as allowed by HIPAA.

PARENT/GUARDIAN SIGNATURE

DATE

HOME PHONE #

CELL PHONE #

WORK PHONE #

V. AUTHORIZATION FOR SELF ADMINISTRATION AND SELF CARRY

I consent that the child named above is able to self administer the medication listed. I authorize self administration of the above listed medication for the child named above under the supervision of an authorized youth camp operator/staff member. The child named above may self carry emergency medication if indicated below.

PRESCRIBER'S SIGNATURE

SELF CARRY EMERGENCY MEDICATION (Check One)

DATE

YES NO Not emergency medication

PARENT/GUARDIAN'S SIGNATURE

SELF CARRY EMERGENCY MEDICATION (Check One)

DATE

YES NO Not emergency medication