



Dream Dance Circus

Circus Camp Waiver

Return in person or email to dreamdancecircus@gmail.com in pdf. 780-933-9295

PERSONAL INFORMATION (PLEASE PRINT)			
PARTICIPANT NAME	FIRST	LAST	PREFERRED NAME
PARTICIPANT DOB	AGE	PLEASE SELECT	
		Other ▾	
PARENT GUARDIAN NAME	FIRST	LAST	PREFERRED
PARENT GUARDIAN NAME	FIRST	LAST	PREFERRED
MAILING ADDRESS	TOWN	POSTAL CODE	PHONE NUMBER
ALLERGIES (PLEASE SPECIFY)			
PRESENT MEDICAL CONDITIONS (ie - asthma, heart murmur, etc.)			
AB HEALTH #		FAMILY DOCTOR NAME	
		FAMILY DOCTOR PHONE	
IN ADDITION TO THOSE LISTED ABOVE, THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD NO LATER THAN 4 PM ON WORKSHOP DAYS:			
NAME		NAME	

RELATIONSHIP		RELATIONSHIP	
PHONE		PHONE	
I hereby apply to enroll my child in the Fire it UP! Circus Workshop			
SIGNATURE		DATE	

AGREEMENTS		INITIAL
I AGREE THAT ALL MY CHILD'S ALLERGIES AND MEDICAL ISSUES WILL BE KNOWN TO ALL STAFF TO ENSURE SAFETY.		
I AGREE TO ALLOW MY CHILD TO BE PHOTOGRAPHED WHILE AT THE CAMP. THE IMAGE MAY ALSO BE USED FOR FUTURE PROMOTIONS.		
I AGREE TO HAVE MY CHILD TAKEN OUTDOORS WITH INSTRUCTORS WHILE REMAINING ON SCHOOL PROPERTY.		
I AGREE TO HAVE MY CHILD PERFORM IN THE FINAL SHOW IF THEY WISH TO PARTICIPATE.		
I AGREE TO LEAVE MY CHILD ONLY FOR THE ESTABLISHED WORKSHOP HOURS.		
I AGREE TO ABIDE BY THE RULES OF THE CIRCUS CAMP PROGRAM.		
I AGREE TO DISCLOSE ALL PERTINENT INFORMATION REGARDING MY CHILD TO CAMP STAFF.		
PARENT GUARDIAN SIGNATURE		DATE

The Program is operated by the non-profit Dream Dance Circus in Grande Prairie. The program coordinators and instructors are all concerned about the safety of the children and care to ensure the safety of the children is not compromised.

RELEASE, WAIVER OF CLAIM AND ASSUMPTION OF RISK

I, _____, freely and voluntarily assume any risk and hazards inherent in the attendance of _____ at Dream Dance Circus and participation in programs or activities organized by Dream Dance Circus. I waive any claim I may have against Dream Dance Circus, including any directors, officers, employees or agents associated with Dream Dance Circus, arising from my child's attendance and participation in any program or activities. I agree in indemnity and save harmless Dream Dance Circus for any claim, including any claim for medical services arising from my child's participation in any Dream Dance Circus program or activities.