



Flying Circus Winter Club Form 2014 - 2015

This form is applicable for our limited WINTER CLUB MEMBERSHIP at the Hudson Valley Flying Circus,LLC. Upon completion...mail this form to the address below along with full membership payment to reserve your spot (checks payable to HV FLYING CIRCUS. LLC..note that this is not the address of our pole vault facility) Finally, note there is a \$100 fee for cancellation within 14 days of the start of the program.

HV Flying Circus, LLC.
176 North Church Street.
Goshen, New York. 10924

ADDRESS: 3 Warwick Center Drive & Hoyt Road
Warwick, New York 10990

DATES:

Boys - Mondays & Wednesdays - CLASS #1 5:30-7PM or CLASS #2 7-8:30PM
Girls - Tuesdays & Thursdays - CLASS #1 5:30-7PM or CLASS #2 7-8:30PM

COST: \$450 per athlete

Name of Athlete: _____

Gender: Male Female Grade Level: _____ School: _____

Best Pole Vault Performance: _____ Email: _____

Home Phone: _____ Emergency Phone: _____

First Choice of Class Class #1 5:30-7pm Class #2 7-8:30pm (Pick One)

USATF Membership Number (required): _____
(register at USATF.org/membership)

This is a participate at your own risk activity. SAFETY COMES FIRST .

I hereby grant permission for my child to join and participate in all activities of the Hudson Valley Flying Circus,LLC. My child has had a physical exam in the past year and is capable to participate in all activities related to this club. I agree to indemnity,hold harmless and defend Hugh Cauthers/Tim St.Lawrence/Hudson Valley Flying Circus,LLC and the Warwick Center and/or agents or employees from any and all liability for injury to my child,as well as any injury or damage caused by my child. Should medical treatment for my child be necessary,I hereby authorize any physician or trainer selected by club personal to order and conduct medical treatment.I hereby grant permission for Hudson Valley Flying Circus,LLC to use any photography or video of related club activities for advertising or educational materials.

Parent/Guardian Signature _____ Date _____