



## Flying Circus Membership/Camp Session Form 2013 - 2014

### INFORMATION

#### Winter Club Membership

*When:*

- November 11, 2013 - February 9, 2014
- Two 90 minute classes per week (**please check your preference**)
  - 5:30-7:00PM
  - 7:00-8:30PM
- Boys Classes on Mondays & Wednesdays
- Girls Classes on Tuesdays & Thursdays

*Limited To:*

- **Limited** to first 20 boys and first 20 girls who register. There will be no make up sessions.

*Cost:*

- \$450 per athlete

#### Spring 1 Day Camp

*When:*

- Boys Camp - March 28, 5:00-9:00PM
- Girls Camp - March 29, 12:00-4:00PM
- No make up sessions

*Limited To:*

- First 40 boys and first 40 girls who register

*Cost:*

- \$175 per athlete
- HS coaches come FREE!

#### Summer 2 Day Camp

*When:*

- Boys Camp June 30 & July 1, 4:00-8:00PM
- Girls Camp July 2 & July 3, 4:00-8:00PM

*Limited To:*

- First 40 boys and first 40 girls who register

*Cost:*

- \$250 per athlete

- HS coaches come FREE!



**Flying Circus Membership/Camp Session Form  
2013 - 2014  
REGISTRATION & PARENT LIABILITY WAIVER FORM**

**This form is applicable for any camp hosted at the Hudson Valley Flying Circus, LLC. Upon completion, mail this form to the address below along with payment for the event 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 that there is a \$50 fee for cancellation within 14 days of the start of the camp session.**

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

Name of Athlete: \_\_\_\_\_

Session Attending:     Winter Club       Spring Camp       Summer Camp

High School Attending: \_\_\_\_\_

Gender:     Male       Female

Best Pole Vault Performance: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

USATF Membership Number (required): \_\_\_\_\_  
(register at [USATF.org/membership](http://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. I bereft that 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 \_\_\_\_\_