



Flying Circus Meet & Practice Form 2014 - 2015

This form is applicable for all practices and meets (NOT CAMPS) hosted at the Hudson Valley Flying Circus, LLC for the 2014 - 2015 school year. It is kept on file for the duration of the year for emergency contact purposes.

Bring this completed form and payment with you to the first event of the year you are attending. Make checks payable to HV FLYING CIRCUS, LLC and see the online schedule for rates and dates. For the rest of the year you will only need to bring payments to be made at the door.

REGISTRATION & PARENT LIABILITY WAIVER FORM

Name of Athlete: _____

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)

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 _____