



## Flying Circus Summer Camp Registration Form 2019

**This form is applicable to our limited 2019 SUMMER VALUT CAMP at the Hudson Valley Flying Circus, LLC. Upon competition, mail this form to the address below along with full membership payment of \$295 to reserve your spot (checks payable to HV FLYING CIRCUS, LLC, and note that this address is not the address of our pole vault facility). Club features 2 indoor pits, 4 outdoor pits, 300+ pole vault poles, expert coaching staff, grouping by ability, camp t-shirt & drills booklet. Space is limited so sign up fast!**

**FACILITY ADDRESS**

The Flying Circus Barn  
The Warwick Center  
3 Warwick Center Drive & Hoyt Road  
Warwick, New York 10990

**MAILING ADDRESS**

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

Girls 2 Day Camp

Monday and Tuesday  
July 8, 2019 - July 9, 2019  
2:45pm - 7:00pm each day

Boys 2 Day Camp

Thursday and Friday  
July 11, 2019 - July 12, 2019  
2:45pm - 7:00pm each day

**COST: \$295 — Includes t-shirt & drills booklet (Cancellation fee - \$100)**

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

Gender:  Male  Female Grade Level: \_\_\_\_\_ School: \_\_\_\_\_

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

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 of this club. I agree to indemnity, hold harmless and defend Hugh Cauthers/Tim St Lawrence/Stephanie Duffy/Hudson Valley Flying Circus, LLC and the Warwick Center and or agents or employees from any and all liability or 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 \_\_\_\_\_