



Flying Circus Summer Camp Registration Form 2021

This form is application to our limited 2021 2-Day Summer Pole Vault Camp at the Hudson Valley Flying Circus, LLC. Upon completion, 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. Camp features 2 Indoor Pits, 3 Outdoor Pits, 1 San Vault Drills Pit, 350+ vaulting poles, expert coaching staff, group ability instruction, Camp T-Shirt and Drills Booklet. Space is limited due to Covid Protocols. Register as FAST as Possible!

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

#1 Girls Camp

Monday and Tuesday
July 5th - 6th, 2021
4pm - 8pm

#2 CAMP GIRLS & BOYS CO-ED CAMP

Wednesday and Thursday
July 7th - 8th, 2021
4pm - 8pm

COST: \$295 per athlete — includes T-Shirt and Drills Booklet (Cancellation Fee - \$100)

Athlete Name: _____ Preferred Session: #1 #2

Gender: Male Female Grade Level: _____ School: _____

Best Pole Vault Performance: _____ Email: _____

Phone: _____ Emergency Phone: _____

USATF Membership Number (required): _____
(register at [USATF.org/membership](https://www.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/Bob Sorensen/ 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 _____