



Flying Circus Summer Camp Registration Form 2017

This form is applicable to our limited **2017 SUMMER VAULT CAMP** at the Hudson Valley Flying Circus, LLC. Upon competition, mail this form to the address below along with full membership payment of \$300 to reserve your spot (\$350 after May 1st, checks payable to HV FLYING CIRCUS, LLC, and note that this address is not the address of our pole vault facility). Space is limited to the first 50 girls and first 50 boys who register. Camp features 6 pole vault pits, expert coaching staff, & grouping by Ability.

FACILITY ADDRESS

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

MAILING ADDRESS

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

DATES:

Boys Camp
Monday & Tuesday
July 10th – 11th 2017
3:45pm - 8pm

Girls Classes
Thursday & Friday
July 13th -14th 2017
3:45pm - 8pm

COST: \$300 — \$350 After May 1st

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)

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 _____