

2018 PERU AMATEUR CIRCUS ROUNDUP

Last Name _____ First Name _____ Age _____

Address _____ Home Phone _____

City _____ State _____ ZIP _____ Performer _____

E-mail _____ **Kiddie Clown** _____

Date of Birth _____ Male _____ Female _____

Month/Day/Year--Must be 7 by June 1 to perform
Month/Day/Year--Must be 5 by June 1 to be a Kiddie Clown

Father's Name _____ Employed At _____

Cell Phone _____ Work Phone _____

Mother's Name _____ Employed At _____

Cell Phone _____ Work Phone _____

School Presently Attending _____

IN CASE OF AN EMERGENCY, CONTACT:

Name and Relationship _____ Phone _____

Family Physician _____ Phone _____

If you have any health and/or accident insurance that would cover any injury from Circus, please complete the following information:

Full Name of Insurance Company _____

Check Applicable Type: Accident _____ Major Medical _____ Group _____

Policy or Identification Number _____

The circus insurance will only pay all medical expenses which are not covered by your medical insurance. Our insurance is supplementary.

PARTICIPANT'S AGREEMENT

As a participant in this circus program, I agree to obey all rules and regulations. Any activity involving movement, motion, equipment and heights, has been know to cause injury, even catastrophic injury. Circus is one of the many activities that involves such risks. I am aware of all risks inherent in my child's participation in Circus, and accept those risks, agreeing to hold Circus City Festival, Inc., harmless in the event of injury.

Parent or Guardian Signature

Performer Signature

FEE PAID _____
Y/N

AMOUNT PAID _____