



Summer/March Break Program

Application Form

Made for youth, this Social Circus program introduces youth to the exciting world of circus and beyond. Based on the traditional principles of Social Circus (Teamwork, Safety, Creation, and Play) this program uses the teachings of juggling, poi, hula-hoop, clowning, acrobatics, dance, acting/improvisation, and photography to help children discover their own potential. Through training, cooperating with others, and artistic expression, participants learn important life skills, including self-esteem, communication, physical fitness, autonomy, and adaptability.

Participant Information

First Name: _____ Last Name: _____

School: _____ Grade: _____ Date of Birth (DD/MM/YYYY): _____

Phone #: _____ Email: _____

Parent/Guardian Information

First Name: _____ Last Name: _____

Address: _____ Apt/Unit: _____ Postal Code: _____

Cell #: _____ Daytime Tel: _____ Evening Tel: _____

Email: _____

(Camp communications will be sent to this address)

I, _____ Do hereby give permission for _____

To attend and take part in Square Circle's Social Circus Summer/March Break Programs.

Signature of Parent/Guardian: _____

Today's Date: _____

Person(s) Authorized to Pick Up Participant

Please provide an emergency contact for us to reach out to in the event we cannot reach the parent/guardian listed above.

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

The child may travel to and from the program independently (yes/no): _____



Summer/March Break Program

Program Participation Consent and Release Waiver

Emergency Contact Information

Please provide an emergency contact for us to reach out to in the event we cannot reach the parent/guardian listed above.

Name: _____ Relationship to Participant: _____

Tel: _____

Provincial Health Insurance Number: _____

Name of Family Physician: _____ Physician Tel: _____

I am the parent or legal guardian of the above-noted participant (the "Participant") who will be participating in the above-noted program (the "Program") during the above-noted dates as offered by Square Circle. In consideration of the Participant being permitted to participate in the Program, I hereby acknowledge and agree as follows:

1) Medical Information

a) I have set out below a full and complete list of:

(i) Any allergies/special diet: _____

(ii) Any medications currently being taken: _____

(iii) Any existing medical conditions or other factors which could restrict or otherwise impact the Participant's ability to participate in the Program:

(iv) Any other relevant health history: _____

b) In the event that the Participant suffers any type of injury or illness which requires immediate medical treatment, I consent to and authorize the administration of first aid and/or medical treatment to the Participant by employees and volunteers of Square Circle who are trained to administer such first aid and/or medical treatment. I do further consent to and authorize employees, volunteers and/or agents of Square Circle to arrange for ambulance transportation to an appropriate medical facility for the Participant.

2) Consent to use of Participant's Images

a) I irrevocably authorize Square Circle and its agents to use, reproduce, copy, publish, retouch, edit, exhibit, broadcast, transmit and distribute for any lawful purpose and in any and all media (including but not limited to TV, broadcast, print and the internet) any photos, audio recordings and/or video images of the Participant while participating in the Program, whether posed or candid. I acknowledge and agree that any photos, audio recordings and/or video images of the Participant while participating in the Program will become the property of Square Circle.

3. Camp Field Trips Consent

- a) I authorize the Participant to attend field trips which I acknowledge and agree are off site of the Program location.
- b) I acknowledge and agree that the Participant will travel to such locations by public transit and will be accompanied by an employee or volunteer of Square Circle.

4. Release and Waiver

- a) I confirm that I have provided a complete and accurate health history for the Participant and hereby permit the Participant to participate in the full range of Program activities, except as expressly set out in the health information section of the Program registration form (where applicable).
- b) I acknowledge that by participating in the Program the Participant will be engaging in various physical activities that may involve risks, dangers and hazards including the possibility of personal injury, death, loss or damage to person or property. I acknowledge that Square Circle may fail to predict any and all dangers, risks and hazards associated with the Program and the Program activities. The dangers may include the negligence of other participants and/or negligence on the part of Square Circle, its employees or volunteers, including a failure of Square Circle, its employees or volunteers to protect Participants from risks, dangers and hazards of the activity.
- c) I am aware of the risks, dangers and hazards associated with the Program and the Program activities and I, on my own behalf and the Participant's behalf, freely accept and fully assume all such risks, dangers and hazards including the possibility of personal injury, death, loss or damage to person or property due to any cause whatsoever, including negligence, breach of contract or breach of any statutory or other duty of care on the part of Square Circle, its employees or volunteers, and including the failure on the part of the Square Circle, its employees or volunteers to safeguard or protect me or the Participant from the risks, dangers and hazards of the Program and the Program activities.
- d) I fully and irrevocably waive and release and forever discharge Square Circle and its directors, officers, employees, volunteers, agents, representatives and sponsors (all collectively referred to as the "Releasees") from any and all actions, causes of action, proceedings, claims, demands and/or damages (whether known or unknown) whatsoever, both in law and in equity, which I and/or the Participant now have or may hereafter have for or by reason of or in respect of participation in the Program including, without limitation for, upon or by reason of any damage, cost, expense, loss or injury to me, including death, or to property.
- e) I agree to hold harmless and indemnify the Releasees from any, and all liability for any property damage or personal injury to any third party resulting from the Participant's participation in the Program and the Program activities.
- f) I acknowledge that I have read, understood, and agree with the provisions of this Release and Waiver and that I understand by signing this document, I will waive certain legal rights including the right to sue.
- g) The provisions of this Participation Consent and Release shall ensure to the benefit of the respective heirs, executors, administrators, personal representatives, successors and assigns of each of the Releasees and shall be binding upon my and the Participant's heirs, executors, administrators, and personal representatives.
- h) This Participation Consent and Release will be governed by the laws of Ontario. By signing my name, I acknowledge that I have carefully read and understand this form.

Witness (Signature)

Parent/Legal Guardian (Signature)

Name: _____

Date: _____

Participant Code Of Conduct

Square Circle teaches Social Circus and other creative arts with the goal of empowering and educating youth. We want to encourage **enthusiastic participation** and a **positive attitude** by creating a safe environment of **honesty, fairness, respect**, and **cooperation**. To make this possible we have clear rules that need to be respected and followed by all participants.

RULES

- **When appropriate, respect** all COVID Protocols (wearing masks and social distancing and follow **proper hand washing** regimen, etc.)
- **Keep your belongings neatly together** in the multi-purpose room
- Ensuring the eating space (table, chair, and floor) is cleaned up after use
- Putting the garbage in the appropriate bin
- Don't touch other people's property without their permission
- **Respect the equipment** and **return items** how you found them in the correctly labelled box (poi tied loosely in pairs, diabolo strings wrapped up)
- No **cellphones**, games or other electronic devices allowed during the program
- No **outside or personal equipment** during the program **without permission from Square Circle**
- **No physical violence** or touching others in a harmful way
- **No rough or dangerous play**
- For your safety **always wear your non-marking sneakers except during acrobatic sessions**
- **Don't insult, tease or use foul language**
- **No talking** during Opening and Closing Circle when not holding the **Talking Piece**
- If you have an issue with anyone **speak immediately** with a **Square Circle Staff**
- **Listen** and follow all directions from Square Circle Staff
- Have **FUN!**

Your signature below confirms that you understand and agree to follow these rules.

Parent/Guardian Name

Participant Name

Parent/Guardian Signature

Participant Signature

Date: ____/____/____

Date: ____/____/____