



WISE FOOL NEW MEXICO

2778 Agua Fria Unit D, Santa Fe, NM 87507

505-992-2588, www.wisefoolnewmexico.org

Afterschool Fools Info and Registration Form Fall 2010

Wise Fool is offering an eight week session of Afterschool Fools - classes in circus arts – this fall. Youth participants (6 to 14 years old) will learn skills in stiltwalking, aerials, acrobatics, juggling and clowning in a safe, fun, and encouraging environment.

Afterschool Fools Schedule Fall of 2010

**All Classes from 3:30 to 5pm
September 14th thru November 4th**

Level I Afterschool Tuesdays:

No Experience Needed!! Dates: September 14, 21, 28, October 5, 12, 19, 26, November 2
Informal recital for families on November 2nd at 4:30 pm

Level II Afterschool Wednesdays:

Students must have already attended a Wise Fool or Circus Program

September 15, 22, 29, October 5, 13, 19, 27, November 3
Informal recital for families on November 3rd at 4:30 pm

Level II and Up – Invite Afterschool Thursdays:

Invitation Only – talk to Amy C for clearance to attend this more focused class.

September 16, 23, 30, October 6, 14, 20, 28, November 4
Informal recital for families on November 4th at 4:30pm

All classes will take place at the Wise Fool Studio 2778 Agua Fria Building D in Business Park.

Afterschool Tuition = \$120 per child for the eight week session.

\$60 Deposit is due upon receipt of this registration in order to reserve your spot. Scholarships are available – please call for more info.

Please mail (or drop off) your deposit and completed registration form to Wise Fool at 2778 Agua Fria Unit D Santa Fe, NM 87507. PLEASE print and fill out all parts of the form clearly and sign and date all appropriate locations. The General Release Form must be signed for entry into the classes. If a registration is incomplete we will send it back for completion prior to reserving your spot. ****Please keep this information page for your reference.****

For more information or questions call Amy at Wise Fool - 505-992-2588

REGISTRATION FORM
Afterschool Circus Arts Classes with Wise Fool

Tuesdays (level I) _____ **Wednesdays (level II)** _____ **Thursdays (invite)** _____

Child's Name _____ Birthdate _____ Age _____

Name of Parent or Guardian _____

Address _____

City _____ State _____ Zip Code _____

Phone: Day: _____ Eve: _____ Cell: _____

Email _____

Please list any injuries, allergies or medical needs or limitations:

In Case of an Emergency:

Who to call (if we cannot reach you) _____ Phone: _____

Doctor _____ Phone: _____

Health Insurance _____ Name of insured person _____

RELEASE FORM:

I am aware that Wise Fool is here to serve my child by sharing knowledge of circus arts. I understand that these practices involve physical movement that may from time to time be strenuous and that such practice carries some risk of injury. I also understand that by signing this release, I am acknowledging that my child is ready and able to participate in classes. I acknowledge that it is my responsibility, when my child begins each class, to inform the instructor of any injury or other condition that might affect her/his ability to participate.

I HEREBY WAIVE AND RELEASE ANY CLAIM THAT MY CHILD MIGHT HAVE AT ANY TIME FOR INJURY OF ANY SORT AGAINST **Wise Fool New Mexico** OR ANY PERSON OR ENTITY IN ANY WAY INVOLVED THEREWITH, INCLUDING WITHOUT LIMITATIONS ITS PRINCIPALS, INSTRUCTORS, EMPLOYEES, AGENTS, REPRESENTATIVES, BOARD MEMBERS, GUEST ARTISTS, PERFORMERS, EQUIPMENT MANUFACTURES, AND WORKSHOP LEADERS.

I HAVE CAREFULLY READ THE RELEASE, FULLY AND UNDERSTAND AND AGREE TO THE ABOVE.

Signature of parent/guardian: _____ Date _____

EMERGENCY CARE RELEASE:

In case of emergency, I authorize WFNM staff to care for and act as guardian of my child until I can be reached. This includes first aid care and possible transportation to proper treatment facilities should the situation warrant it. Signature: _____ Date _____

PHOTO/VIDEO RELEASE:

WFNM would like to document the events at the workshops for future use. By signing below you authorize WFNM to photograph your child and use images of your child for documentation or promotional purposes. We hope to generate support for future projects by showing the community and our funders what we do. Signature: _____ Date _____
