



WISE FOOL NEW MEXICO

www.wisefoolnewmexico.org/penasco

Penasco youth arts workshop registration

Wise Fool is proud to present two two-week, summer workshop extravaganzas for youth ages 6-14 who want to learn to fly on the trapeze, walk tall on stilts, find their inner clown, and tumble their way into a fun summer! Participants will learn skills in stilts, trapeze, juggling, clown, music, acrobatics, and puppetry!

The 2010 Circus Camp: **July 19th thru 30th**, run Monday thru Friday, from 10am to 4 and the final performance at 6pm on July 30th.

The classes and performance take place at the Penasco Theatre, 15046 St Rd 75.

\$75 Deposit per camper is due upon receipt of this registration.**

We must receive your deposit to reserve your spot! Cancellations prior to June 1st will receive a \$75 refund. Cancellations after June 1st will be charged the full deposit.

**Limited scholarships available. If you would like to apply for a partial or full scholarship please attach a letter expressing your need and your child's desire to attend. Include what you can contribute to the workshop, financially and in other ways. (how much you can afford, if you can volunteer, donate supplies etc...) This information will help us to serve as many youth as possible.

Please Keep This Page for Your Reference



REGISTRATION FORM

Wise Fool Penasco Theatre Kids Circus Camp, 2010

Mail to: Penasco Theatre P.O. Box 313 Penasco NM 87553

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Please drop off or mail the deposit and the completed registration form (three pages total) to Penasco Theatre P.O. Box 313 Penasco NM. PLEASE print all information, fill out all parts of the form clearly, and sign and date all appropriate locations. If a registration form is incomplete we will send it back for completion prior to reserving your spot.

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 (first) _____

Phone: _____

Who to call (second) _____

Phone: _____

Doctor _____

Phone: _____

Health Insurance _____ Name of insured person _____

(Registration Form continued on next page)



We love having parent volunteers – especially to help out in the stiltwalking and puppetry classes and at lunch! No experience is necessary. It's a great way to see what your kids are experiencing and share the circus fun!

Are you able to volunteer as an adult helper at the workshop?

What day(s) of the week/times are best for you to volunteer?

How did you hear about Penasco Theatre Summer Circus Camp?

Has your child attended Penasco Theatre's summer circus camp or our afterschool classes?

What are your child's preferred activities – rate from favorite (1) to least favorite (7)

___ Stiltwalking

___ Puppetmaking/Visual Art

___ Juggling/Manipulation

___ Clowning/Drama

___ Acrobatics/Tumbling

___ Aerial Arts (trapeze)

___ Music

Of course everyone will get a chance to do a bit of everything and your preferences may change throughout the week - we'd just like an idea of your child's interests to begin our planning.

(Registration Form continued on next page)



RELEASE FORM:

I am aware that Wise Fool New Mexico (WFNM) 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 camp 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 of parent/guardian _____ 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 of parent/guardian _____ Date _____