

## **Performer's Contract**

Performer's name:	email:	phone:
\$ Dues Paid (\$25 dues sing	le or \$30 family + \$5 each person for i	insurance)
performer agrees to uphold the very	highest ethical and moral standards a	ndersigned Circus Performer, whereas the at all times whenever associated with the resenting the best image possible of our youth
•	re on this agreement signifies they ha ial Wenatchee Youth Circus Performe	ve also read, understood and agreed to the
As a performer, I will:		
<ol> <li>Always help in the set-up/tea</li> <li>Take proper care of all equip</li> <li>Take proper care of all costume performance. I will not loan</li> <li>Not use profanity while on on</li> <li>Not use any tobacco product</li> <li>Not use illegal drugs or Marij         **I also understand this offerseason and require attending</li> <li>Attend as many practices/pe</li> <li>Treat all members of the circus</li> <li>Respect all circus members' p</li> <li>Be responsible for my own m</li> <li>Travel with the same chapered</li> <li>As a female or male under th</li> </ol>	ment, realizing it is very expensive to mes for which I am responsible, include costumes or take them off the circus or about the circus lot.  Is, non-prescribed drugs or alcohol where as a performing member of the inse may lead to immediate expulsion as a drug treatment program before reformances as I can, including specificates as I would like to be treated by oth personal belongings and privacy.  In oney (secured in cook shack) and not one throughout an entire trip. Managents	replace. ding cleaning and hanging them up after each lot. nile traveling with the circus. circus. from the circus for the remainder of the turning. act practices if I intend to be in that act. hers. take money from others. ger must approve changes. s, unless I am staying with my parents or
14. Not possess or use cell phone	es on the circus lot.	
	of performances) without the permis	sion of a manager.
include: a verbal warning, tempo home and suspended from the W	rary or permanent removal from the	on of any of the above mentioned rules may act/acts in which I am involved, or being sent throughout all my travels.
Performer's signature		Date
Parent/Guardian		Date

The Biggest Little Circus In The World

Office use only	
Name:	
Date:	
Check #_	
Cash:	

## **MEMEBERSHIP DUES:**

In order to join or maintain membership in the Wenatchee Youth Circus, there is a required membership fee of \$25.00 per child or \$30.00 for a family. The membership fee is due in December and will run till the end of December of the next calendar year. If joining after December membership fee must accompany membership paperwork forms.

t name				
Name of child/children				
1		DOB		
2		DOB		
3		DOB		
4		DOB		
Mother	Home #		Work#	
E-mail address				
Father	Home #		Work #	
E-mail address				
Guardian			Work #	
Emergency contact		Phone		
Family Doctor		Phone		
Existing Medical Conditions (specify c	hild)			
Medications (specify child)				
Allergies (specify child)				
nsurance company				



## Parent/Guardian Consent for Medical Treatment For Minor Under Age 18 Years

The undersigned is/are the natural	parent(s)/Guardian(s	) of:			
			Age		
Whereas, the undersigned knowing on trips with the Wenatchee Youth persons in charge of the Wenatchee of an accident or illness or other inj medical aid to said child(ren) the ababove mentioned child(ren) while the In particular, we give our consent a surgeon, is required to be performed.	Circus for extended per Youth Circus will see ury and, therefore, descolute authority to extend with the Wern authorization to a	periods of time, and wek out proper medical esire to grant any physixercise his/her person natchee Youth Circus any surgical procedure,	hereas, the und care of the abosician or surgeonal judgment regaway from Wen	ersigned have cove mentioned con who may be regarding the care atchee, Washing the opinion of the	confidence that those hild(ren) in the event equested to render and treatment of the gton.  The treating physician of the section of the treating physician of the treating physician of the section of t
mentioned child(ren) while they are	•		son or any nines	ss of finjury suste	anied apon the above
Furthermore, we specifically conserthe administration of drugs which a treatments and to hold any physicia representatives free and harmless f may result from any accident or tre	are, in the opinion of to an or surgeon who ma for any claim, demand atment administered	the treating physician ay render such treatm ds, or suits for damage to the above mentior	or surgeon, req ent, the Wenato es from any inju- ned child(ren).	uired for the pro chee Youth Circo ry or complication	oper medical us inc., and any of its
	unj or		. 20		
Parent/Guardian		Parent/Guardia	n		
State of					
County of					
On this day,	,	, personally appeared	d before me, _		
and made it known to me to be in	ndividual(s) describ	ed above.			
Given under my hand and official	al seal this	day of		, 20	
Notary Public in and for the state of					
Residing in					
Expires					