



Office use only

Name: _____

Date: _____

Check # _____

Cash: _____

MEMBERSHIP DUES:

The annual membership fee must accompany membership paperwork forms.

\$25.00 per performer or \$30.00 for a family

PLUS \$5 per person for insurance (each performer and parent/guardian)

Signature of parent or guardian _____

Print name _____

Name of performer/performers

1. _____ DOB _____

2. _____ DOB _____

3. _____ DOB _____

4. _____ DOB _____

Address _____

City _____ State ____ Zip _____

Mother _____ Cell # _____ Work # _____

E-mail address _____

Father _____ Cell # _____ Work # _____

E-mail address _____

Guardian _____ Cell # _____ Work # _____

Emergency contact _____ Phone _____

Family Doctor _____ Phone _____

Insurance company _____

Policy # _____



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

The undersigned is/are the natural Parent(s)/Guardian(s) of:

Age _____
Age _____
Age _____
Age _____

Whereas, the undersigned knowingly acknowledges that the above mentioned minor(s) will be away from Wenatchee, Washington on trips with the Wenatchee Youth Circus for extended periods of time, and whereas, the undersigned have confidence that those persons in charge of the Wenatchee Youth Circus will seek out proper medical care of the above mentioned child(ren) in the event of an accident or illness or other injury and, therefore, desire to grant any physician or surgeon who may be requested to render medical aid to said child(ren) the absolute authority to exercise his/her personal judgment regarding the care and treatment of the above mentioned child(ren) while traveling with the Wenatchee Youth Circus away from Wenatchee, Washington.

In particular, we give our consent and authorization to any surgical procedure, which may, in the opinion of the treating physician or surgeon, is required to be performed upon above-mentioned child(ren) by reason of any illness or injury sustained upon the above-mentioned child(ren) while they are away from Wenatchee, WA.

Furthermore, we specifically consent to the administration of anesthesia and to all forms of medical care and treatment including the administration of drugs which are, in the opinion of the treating physician or surgeon, required for the proper medical treatments and to hold any physician or surgeon who may render such treatment, the Wenatchee Youth Circus inc., and any of its representatives free and harmless for any claim, demands, or suits for damages from any injury or complication whatsoever which may result from any accident or treatment administered to the above mentioned child(ren).

Dated this _____ day of _____ 20_____

Parent/Guardian Parent/Guardian

State of _____

County of _____

On this day, _____, personally appeared before me, _____, and made it known to me to be individual(s) described above.

Given under my hand and official seal this _____ day of _____, 20_____.

Notary Public in and for the state of Washington

Residing in _____

Expires _____



Wenatchee Youth Circus Concussion Form

Adapted from the CDC and the 3rd International Conference on Concussion in Sport Document 6/15/2009.

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- Headaches
- “Pressure in head”
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Amnesia
- “Don’t feel right”
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems
- (forgetting game plays)
- Repeating the same question/comment

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new “Zackery Lystedt Law” in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years: “a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time” and “...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”. You should also inform your child’s coach if you think that your child may have a concussion Remember it is better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to: <http://www.cdc.gov/ConcussionInYouthSports/>

Student-athlete Name Printed	Student-athlete Signature	Date
Student-athlete Name Printed	Student-athlete Signature	Date
Student-athlete Name Printed	Student-athlete Signature	Date
Student-athlete Name Printed	Student-athlete Signature	Date
Parent or Legal Guardian Printed	Parent or Legal Guardian Signature	Date