



# The Denver Waldorf School Fall 2017 Circus Club Registration Form

Grades 4 through 8 • Sept 11 through Nov 15, 2017 • Mondays and Wednesdays • 3:30 to 5:30 pm  
20 Sessions; Dress Rehearsals: Nov 13 & 14, 2017; FINAL Performance: Nov 15

**No Session: Fall Break, Monday, Oct 16, 2017**

**Please Register By: Wednesday, September 6, 2017**

*(Please complete one form per child.)*

Participant's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian E-mail: \_\_\_\_\_

### Emergency Contact Information

Contact #1 Name: \_\_\_\_\_ Contact #2 Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

### Fees

Please select:  \$450 for 2 days per week, Mon. & Wed.

\$300 for 1 day per week:  Mondays  Wednesdays

No fees will be returned after Sept 15, 2017. **Please make checks payable to DWS.**

### Permission & Waiver of Liability & Authorization for Emergency Care

I hereby give my consent for the above named student to participate in Circus Club. I understand The Denver Waldorf School cannot accept responsibility for personal items lost or stolen. I authorize the Circus Trainer or DWS Staff member in attendance to select and secure medical attention as may be necessary for my child as a result of injuries or other events requiring emergency care while I am not in attendance at such event. I hereby release said school official from any and all liability on account of such selection or authorization for any and all damages which occur on account thereof.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

### For Office Use Only

Amount: \_\_\_\_\_  Cash  Check #: \_\_\_\_\_ Received by: \_\_\_\_\_ Date: \_\_\_\_\_