

BINDLESTIFF FAMILY CIRKUS



Hudson, NY 518-828-7470

www.bindlestiff.org 1-877 BINDLES infoline

Brooklyn, NY 718-963-2918

Stephanie@bindlestiff.org

Permission for SUMMER CIRKUS and / or STILT WALKING workshop

Student Name: _____

Address: _____

Phone number: _____ Date of Birth: _____

Name of Parent or Guardian: _____

Address: _____

Home Phone: _____ Work Phone: _____

Relationship to Student: _____

IN CASE OF EMERGENCY:

Emergency contact Name: _____

Phone number: _____

Alternate Phone Number: _____

Relationship to Parent/Student: _____

If you have made arrangements to have a person other than yourself pick up your child, please indicate the name and phone number of such person.

Permission Notice:

_____ has permission to participate in "Cirkus After Shool" and "Winter Cirkus" I understand that participation in this activity involves a certain degree of risk. I have carefully considered the risk involved and have given _____, my consent to participate in this workshop

(Parent's Signature)

(Date)

By signing this form, I declare that I am the legal parent/guardian of the minor child listed above and authorized to grant such permission.