

## I.FLY TRAPEZE CIRCUS ARTS CAMP

I.FLY is Long Islands only full time Flying Trapeze school and Circus Arts program. Our Summer Camp program gives campers the opportunity to literally fly, a lot.



### ACTIVITIES INCLUDE:

Flying Trapeze, various Static Trapeze, various aerial apparatuses, juggling, circus comedy and clowning, ground acrobatics, and more.



[www.iflytrapeze.com](http://www.iflytrapeze.com)

## 2014 DATES & LOCATIONS

Week 1: July 14 - July 18  
Long Beach

Week 2: July 21 - July 25  
Eisenhower Park

Week 3: July 28 - August 1  
Eisenhower Park

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### HOURS:

Mon-Fri 9:30am - 3:00pm

### PRICES:

Weekly: \$500

Sibling Discount: 5%

Multiple Weeks: 10%

Weeks must be paid together and in advance



## SHOW TIME

Friday 1:30pm sharp

Invite family and friends and don't forget your camera. Campers will show off their newly acquired skills.



## SIGNING UP

Sign up online OR call 516-640-6995

Email: [book@iflytrapeze.com](mailto:book@iflytrapeze.com)

Registration documents will be emailed to you after sign up.



## I.FLY Trapeze Summer Camp Information Form

We are looking forward to an exciting summer of Circus Camp at I.FLY Trapeze and sharing the magic of the circus with the kids!!!... To ensure an organized, safe, and fun week, here are some helpful details:

### **HOURS:**

- Camp will run from 9:30am-3:00pm, Monday thru Friday
- An I.FLY staff member will be present at 9:00am to prep for the day
- Camp will end at 3:00pm
- For security, children need to be signed out when they are picked up

### **REGISTRATION:**

Prior to the start of camp, all parents will need to complete a registration form, a medical history and insurance information form and a release of liability waiver. These forms can also be found on our website ([www.iflytrapeze.com](http://www.iflytrapeze.com)). Bring the completed forms with you on the first day of camp, **DO NOT** send them back ahead of time as we would prefer to meet the parents of our participants. Please have the forms ready for collection and do not fill out forms onsite. Thank you.

### **LUNCH AND SNACKS:**

- Time will be allotted for a morning and afternoon snack as well as a lunch break
- Children need to bring their lunch and extra food and drink for the two snack periods
- The children will be expending a lot of energy each day, please make lunches and snacks hearty and healthy
- We do **NOT** have kitchen facilities or food supplies at I.FLY, so please make sure you include all utensils, napkins, cups, etc. in lunches
- I.FLY will have lots of cold water accessible to keep participants hydrated throughout the day.

### **CLOTHING:**

- It is important that the children are dressed properly for circus activities. Leotards, t-shirts or tank tops are fine on top. Leggings or fitted shorts should be worn on the legs. When we do trapeze activities, it is recommended that the children cover their full leg, so please send along tights or sweatpants (not too baggy) so they can change.
- Flying trapeze and most aerial activities will be barefoot or with socks. Athletic sneakers are recommended for other activities. Please do not send children to circus with boots or sandals.
- Hair must be tied back during flying and aerial activities.

### **PERFORMANCE:**

- On Fridays, at the end of each camp week, there will be a CIRCUS SHOW for families and friends. This is an informal setting in which the children will have an opportunity to showcase all they have learned throughout the week. They will participate in this show together with I.FLY instructors. It's a show you won't want to miss
- The show will run approximately an hour, and will begin promptly at 1:30pm, regretfully, we cannot hold the curtain for parents running late.



AFTER APRIL 1<sup>st</sup>, Please do not mail this form until you have confirmed registration via phone.  
Thank you

## I.FLY Trapeze 2014 Summer Camp Registration Form

Participant's Name \_\_\_\_\_ DOB \_\_\_\_\_

Participant's Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### WEEKS ATTENDING

- WK 1 JUL 14 – JUL 18 Long Beach
- WK 2 JUL 21 – JUL 25 Eisenhower Pk
- WK 3 JUL 28 – AUG 1 Eisenhower Pk

Sibling Discount 5% off per child

Multi-week Discount 10% - must be paid all together and in advance

Discounts may not be combined

QTY	ITEM	PRICE	SUBTOTAL
	Single Week	\$500.00	
	Single Week Sibling Discount 5%	\$475.00	
	Multi-Week 10%	\$450.00	
	Extra I.FLY T-shirt	\$15.00	
		<b>TOTAL</b>	

Cash \$ \_\_\_\_\_ Check # \_\_\_\_\_ (returned checks subject to \$30 processing fee)

### Credit Card Authorization

I, \_\_\_\_\_, hereby authorize I.FLY Trapeze to charge my Visa/MC/Amex/Disc

In the amount of \$ \_\_\_\_\_

Card # \_\_\_\_\_ Expiration \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

- Billing Address same as above

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

If you are signing up for a single week or not requiring a discount, you may also sign up online, and submit this form on day 1 of camp along with the waiver and medical info form. Do not mail this form within a week of the camp start date. Call I.FLY instead at (516) 640-6995 to be sure your child's place is reserved.

# Student's Medical Information

(to be completed by all adult students or parents/guardians of students under 18 years of age)

## Basic Information

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(if student is under 18 year of age)

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

Phone Number's: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Work Other

Employer: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Group Number: \_\_\_\_\_

## Contact in case of emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

## Medical History: Has the student had any of the following?

<i>General Conditions: Circle One</i>	<i>date</i>	<i>Injuries: Circle One</i>	<i>date</i>
1. Fainting Spells/Dizziness	yes no _____	1. Toes	yes no _____
2. Headaches	yes no _____	2. Feet	yes no _____
3. Convulsions/epilepsy	yes no _____	3. Ankles	yes no _____
4. Asthma	yes no _____	4. Lower Legs	yes no _____
5. High blood pressure	yes no _____	5. Knees	yes no _____
6. Kidney problems	yes no _____	6. Thighs	yes no _____
7. Intestinal disorders	yes no _____	7. Hips	yes no _____
8. Hernia	yes no _____	8. Lower Back	yes no _____
9. Diabetes	yes no _____	9. Upper Back	yes no _____
10. Heart disease/disorder	yes no _____	10. Ribs	yes no _____
11. Dental plates	yes no _____	11. Abdomen	yes no _____
12. Poor vision	yes no _____	12. Chest	yes no _____
13. Poor hearing	yes no _____	13. Neck	yes no _____
14. Allergies	yes no _____	14. Fingers	yes no _____
Specify: _____		15. Hands	yes no _____
		16. Wrists	yes no _____
15. Joint dislocations:	yes no _____	17. Forearms	yes no _____
Specify: _____		18. Elbows	yes no _____
		19. Upper arms	yes no _____
16. Serious/significant illness	yes no _____	20. Shoulders	yes no _____
Specify: _____		21. Head	yes no _____
		22. Other	_____
17. Other:	_____	Specify: _____	_____
Specify: _____			

## Please elaborate on any of the illnesses or injuries listed above.

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# Student's Medical Information

(to be completed by all adult students or parents/guardians of students under 18 years of age)

**Circle appropriate response to each question. For each "Yes", please provide additional information.**

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|---|------------|----|--|
| 1. Is the student currently taking any medications?   | yes        | no |  |
| 2. Is the student allergic to bee stings, medications, foods, etc.  | yes        | no |  |
| 3. Does the student wear any appliances (glasses, contacts, hearing aids, false teeth, braces?)   | yes        | no |  |
| 4. Has a physician placed any restrictions on the student's present activities?   | yes        | no |  |
| 5. Has the student had any surgical operations?   | yes        | no |  |
| 6. Does the student have any existing and/or past medical or emotional conditions that require special concern and attention by a sports coach? | yes        | no |  |
| 7. Does the student have any deformities or handicaps? (curvature of the spine, heart problems, bowed legs, etc.)                               | yes        | no |  |
| 8. Is there a history of serious family illnesses? (diabetes, bleeding disorders, heart attack, etc.)   | yes        | no |  |
| 9. Has the student ever lost consciousness or sustained a concussion?   | yes        | no |  |
| 10. Has the student experienced fainting spells or dizziness while exercising?  | yes<br>Yes | no |  |

**Does the student have any of the following personal habits? Indicate extent**

- |  |     |    |  |
|--|-----|----|--|
| 1. Smoking                                       | yes | no |  |
| 2. Smokeless tobacco                             | yes | no |  |
| 3. Alcohol                                       | yes | no |  |
| 4. Recreational drugs (marijuana, cocaine, etc.) | yes | no |  |
| 5. Steroids                                      | yes | no |  |
| 6. Others  | yes | no |  |

**Please explain any other concerns that could have implications while teaching the student. Also, describe special first aid requirements, if appropriate.**

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Signature of student or parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# Parental Instruction Concerning Medical Treatment

(to be completed by parents/guardian of students under 18 years of age)

Please read the alternative statements below and sign under the one that you choose.  
**DO NOT SIGN MORE THAN ONE**

1. If my child needs medical attention while participating in **I.FLY Trapeze** activities, it is my wish that I be contacted before any medical procedures are done on my child, unless immediate treatment is necessary to save my child's life or to prevent permanent injury. I understand that I am financially liable for all costs incurred related to any treatment.

Signature of parent / guardian: \_\_\_\_\_ Date: \_\_\_\_\_

2. If my child needs medical treatment while participating in **I.FLYT Trapeze** activities, it is my wish that the treatments begin while efforts are being made to contact me. So treatment is not delayed, I consent to any medical procedures that a physician deems necessary with the understanding that efforts are being made to contact me. I understand that I am financially liable for all costs incurred related to any treatment.

Signature of parent / guardian: \_\_\_\_\_ Date: \_\_\_\_\_