



Performer's Contract

Performer's name: _____ email: _____ phone: _____

This contract is an agreement between the Wenatchee Youth Circus and undersigned Circus Performer, whereas the performer agrees to uphold the very highest ethical and moral standards at all times whenever associated with the Circus. In signing this agreement, the performer is committing to always presenting the best image possible of our youth and the community we represent.

Additionally, the performer's signature on this agreement signifies they have also read, understood and agreed to the rules listed below to become an official Wenatchee Youth Circus Performer.

As a performer, I will:

1. Attend an orientation meeting to learn what the Wenatchee Youth Circus is about.
2. Always help in the set-up/tear-down of the equipment.
3. Take proper care of all equipment, realizing it is very expensive to replace.
4. Take proper care of all costumes for which I am responsible, including proper storage after each performance. I will not loan costumes or take them off the circus lot.
5. Not use profanity while on or about the circus lot.
6. Not use any tobacco products, non-prescribed drugs or alcohol while traveling with the circus.
7. Not use illegal drugs or Marijuana as a performing member of the circus.
**I also understand this offense may lead to immediate expulsion from the circus for the remainder of the season and require attending a drug treatment program before returning.
8. Attend as many practices/performance as I can, including specific act practices if I intend to be in that Act.
9. Treat all members of the circus as I would like to be treated by others.
10. Respect all circus members' personal belongings and privacy.
11. Be responsible for my own money (secured in cook shack) and not take money from others.
12. Travel with the same chaperone throughout an entire trip. Manager must approve changes.
13. As a female or male under the age of 14, sleep in the dressing tents, unless I am staying with my parents or guardians in another sleeping facility. Any changes to this must be approved by managers or parents in attendance.
14. Not possess or use cell phones on the circus lot.
15. Not leave the circus lot (area of performances) without the permission of a manager.

Depending on the seriousness of the offence, I understand that violation of any of the above mentioned rules may include: a verbal warning, temporary or permanent removal from the act/acts in which I am involved, or being sent home and suspended from the Wenatchee Youth Circus.

I will do my best at all times to be a great Youth Circus representative throughout all my travels.

Performer's signature _____ Date _____

Parent/Guardian _____ Date _____



Medical Information

Date: _____ Name of Performer: _____

Age: _____ Height: _____ Weight: _____

Existing Medical Conditions

Medications

Allergies

Parent/Guardian Consent for Over the Counter (OTC) Medication Administration

This consent form provides the designated board member or parent volunteer permission to administer OTC medication (listed below) to my child/children. Medications will only be administered in times of emergency or when your child presents with symptoms needing specific OTC medications.

OTC Medications

Triple Antibiotic Ointment
Acetaminophen (Tylenol)
Ibuprofen (Motrin or Advil)
Antacid (TUMS)
Cough Drops
Cough/Cold/Flu Medications
Antihistamine (Benadryl)

CONSENT

I have listed all known allergies above and verify that the information is valid and up to date. I understand there are certain risks associated with all OTC medications. A performer with an unknown allergy may have an allergic reaction to any medication they are administered.

I release Wenatchee Youth Circus from any liability related to untoward reaction when the medication is administered in accordance with the package directions.

I have read and understand the above statements and give permission to have the designated board member or parent volunteer administer OTC medications to the above listed performer.

Signature of Parent/Guardian: _____

Relationship to Performer: _____ Date: _____



Special Dietary Needs

Date: _____ Name of Performer: _____

If our current menu cannot accommodate your special dietary requirements, the Cook Shack will accept individual 'special' foodstuff (pre-packaged meals, snacks) brought from home. Our Cook will store them appropriately in the refrigerator, freezer, or cupboards. These will then be available by letting the Cook know at least 2 hours prior to mealtime. This will purely be a reheating process in the microwave, no cooking/meal preparation is available.

CONSENT

I understand that Cook Shack cannot accommodate special dietary requirements with current menu. If my performer requires special dietary needs, I will provide individual 'special' foodstuff (pre-packaged meals, snacks) to be stored in Cook Shack that can be re-heated when required and that no cooking/meal preparation is available.

I will prepare a written plan for the Wenatchee Youth Circus trainers that describes nutritional value.

Signature of Parent/Guardian: _____

Relationship to Performer: _____ Date: _____