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**2024**

**WENATCHEE YOUTH CIRCUS INFORMATION & FORMS INDEX**

Click on the links below to navigate to a particular section.

This packet has areas of fillable information. It can be navigated by clicking in the first fillable box and then tabbing through the document. You may also click on any area requesting information to fill it out.

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**CHECKLIST FOR BEFORE YOU COME TO YOUR FIRST PRACTICE OF 2024:**

1. **Did you send in your paperwork from this packet to** [**wenatcheeyouthcircus@yahoo.com**](mailto:wenatcheeyouthcircus@yahoo.com)**?**
2. **Did you send a check for your dues to Wenatchee Youth Circus?**
3. **Did you find our Circus Facebook page and ask to be added?**
4. **Did you download GroupMe and ask to be added to the group texts?**
5. **Did you send an email to** [**wenatcheeyouthcircus@yahoo.com**](mailto:wenatcheeyouthcircus@yahoo.com) **asking us to make sure you have been added to the group email list?**

*NOTE: If your child is under 12, a parent must be present at practice. There are NO exceptions to this.*

**WELCOME to the Wenatchee Youth Circus family!**

Wenatchee Youth Circus was founded by Paul K. Pugh in 1952. Pugh, known as Guppo the Clown, inspired, coached, and directed this youth traveling troupe for over 60 years. Although Paul Pugh passed away in the winter of 2016, the spirit of Guppo lives on in every performance of the Circus he founded. He was the Circus and it is an honor that we carry on the tradition he began.

**CIRCUS CALENDAR, WEBSITE & EMAIL**

Calendar (always check for updates) - [Circus Google Calendar](https://calendar.google.com/calendar/embed?src=wenatcheeyouthcircus%40gmail.com&ctz=America/Los_Angeles)

Website - [www.wenatcheeyouthcircus.com](file:///E:\Forms\www.wenatcheeyouthcircus.com)

Email – [wenatcheeyouthcircus@yahoo.com](mailto:wenatcheeyouthcircus@yahoo.com)

**GROUPME & FACEBOOK**

We use GroupMe to send out text messages for Circus updates. Download the GroupMe app and we will invite you to be a part of the group.

The Circus uses **Facebook**! We have a closed group page called **Circus**. Search for it and request to be added.

**REGISTRATION FORMS**

Attached are a series of forms that must be completed every January and prior to participation.

Membership dues must accompany registration paperwork forms.

All forms must be filled out in their entirety.

**CIRCUS BOARD OF DIRECTORS & TRAINERS**

President - Charlie Brown

Vice President – Carl Edlund

Treasurer – Glenna Brown & Nicole Dailey

Secretary – Sheralinn Lawson & Kristina Ceresa

Trainers – Brandon Brown, Charlie Brown, Meghan Brown, Josh Dailey, Kim Faulkner, Zach Faulkner, Mollea Ochoa, Grey Suiter (Assistant Trainer), Martin Talbot, William Tuthill

To reach anyone from the Board or any of the trainers, please use the [wenatcheeyouthcircus@yahoo.com](mailto:wenatcheeyouthcircus@yahoo.com) email.

**MEMBERSHIP DUES**

The annual membership fee for Wenatchee Youth Circus is $25 per performer or $30 per family PLUS AN ADDITIONAL $5 per person for insurance (each performer and parent/guardian).

*If your family has 2 parents and 4 children, for example, it would be $30 for the family and $30 for the insurance for a total of $60.*

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**COVID COMPLIANCE**

The Wenatchee Youth Circus is committed to keeping our performers, trainers, parents, volunteers and all others involved with us as safe as possible. In keeping with that commitment, we stay in compliance with the State of Washington Department of L&I and the Chelan-Douglas Health District. At present, there are no COVID restrictions in place but we ask that you or your children stay home when they are sick.

**MEALS**

When we are performing on the road, the Circus provides meals for performers and their traveling families. There are three meals a day, with the exception of set up day. On set up day, performers and volunteers will bring a sack lunch and water bottle as the cook shack takes time to set up and will not be ready in time for breakfast or lunch.

**WHAT TO BRING FOR WENATCHEE YOUTH CIRCUS TRAVEL**

Start of the season to be loaded in Wagons and Cook Shack:

* Sleeping bag
* Pillow
* Stacking chair (for Cook Shack)
* Optional – cot or sleeping pad
* Each performer will donate the following:
  + Stacking chair (for Cook Shack)
  + Bag or Box of Cereal
  + Bag of Chips
  + Package of Cookies

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Bring for every venue to be packed in your personal Travel Bag:

* Packed lunch and an extra snack for set-up day
* Flashlight
* Deodorant… Please! Thank you!
* Toothbrush and toothpaste... Please!
* Shoes other than performance shoes including **closed toed shoes** for set-up/tear-down
* Warm clothes
* Swimsuit
* Towel
* Shower shoes or flip-flops
* Sunscreen
* Optional – sunglasses
* Optional – refillable water bottle

Specific personal items for performance:

* Blue Crew shirt
* Hair brush (sharing is discouraged)
* Hair bands and bobby pins (lots of ‘em)
* Hair spray
* Make-up, if desired (clown make-up is provided by WYC)

*Girls (see Costume information below for specific details)*

* Appropriate undergarments for costumes
* Performance shoes
* Performance tights (a spare pair is recommended in case of a tear)

*Boys (see Costume information below for specific details)*

* Appropriate undergarments for costumes
* Performance shoes

***Notes:***

Every performer must have a Blue Crew shirt to wear during the show when not in costume. Shirts are $15 but price is subject to change.

WYC provides all the costumes needed for the show.

**COSTUMES, HAIR, AND MAKE-UP FOR PRACTICES AND PERFORMANCES**

**EXPECTATIONS**

Costumes belong to the Circus. Please take good care of your costume.

*This shows respect for the Circus and the folks who spend time sewing or cleaning costumes.*

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**Taking care of your costume demonstrates how responsible you can be with your costume and making our shows top notch!**

Please do not rummage through someone else’s costume container or the spare clown costume tubs. Please ask the Costume lead or an adult designated as costume helper for assistance.

**No eating or drinking (except water) in your costume.**

Please pack and use deodorant! Thank you!

**If it is not your costume, hair stuff, clothes, or make-up, please be respectful. Be responsible for your costume and personal stuff by keeping it neatly in your bag. Keep your area neat and organized in your tent.**

**COSTUMES**

**Girls:**

***Girls Footwear***

Black gymnastic shoes (Capezio is one brand) – It is recommended to pick up two pairs just in case a pair gets damaged during a performance.

[LINK TO DISCOUNT DANCE JAZZ SHOES](https://www.discountdance.com/dancewear/style_T7902C_html?pid=22053&shop=Style&&skey=jazz+shoes&search=true&SortOrder=R&SID=1549259525)

[LINK TO CAPEZIOS](https://www.discountdance.com/dancewear/shoes/gymnastic-shoes/page1?styleFocus=EM1&camp=GoogleShopping_EM1&utm_source=GoogleShopping&utm_medium=cpc&utm_term=EM1&utm_campaign=Products&gclid=Cj0KCQjw4cOEBhDMARIsAA3XDRgyaIHRscq_isnHJhhAuo0G70TIPuzuTTcuAWTVtaf8H9G-EYXlCAUaAk8iEALw_wcB)

***Girls Tights***

Girls mesh in skin tone color – (professional fishnet seamless dance tights) – It is highly recommended that you have a spare pair or two because tights do tear. Large holes or ratty looking tights will not be allowed in a show. It is suggested that you purchase a practice pair in a different color so that show tights stay nice.

*Suggestions: getdancewear.com or discountdance.com*

***Girls Undergarments***

Underwear: Skin color thongs. For younger girls, please wear plain minimalized underwear in skin color.

Bras: Nude or clear strapped bra or adhesive bra

**Boys:**

***Boys Footwear***

Wrestling shoes (preferably black) or black gymnastic shoes

***Boys Undergarments***

Compression shorts or jockstrap for boys 10 and older

Biker shorts for boys 9 and under

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**CLOWNING ONLY:** Sneakers or closed toe shoes are okay. No tights or special undergarments necessary.

**MAKE-UP AND HAIR**

**Please pack all** make-up and hair supplies that you will need for the season and replenish when needed.

Bring extra bobby pins, hairbands, hairspray, etc.

IMPORTANT: ***Bring your own brush/comb; sharing is not advised.*** Label your brush/comb with a permanent marker.

**Other important items to bring for performances:**

* Sunscreen!
* Water bottle which can be refilled at cook shack!
* Blue Crew shirt!
* Deodorant!

**2024 WYC Costumes and Blue Crew Leads**

*Costume Lead for 2024 will be announced prior to our performance season. If you have an issue with your costume, please let the Costume Lead know.*

Blue Crew shirt: Every performer (and any volunteer helping with the show) must have a Blue Crew shirt to wear during the show if they are not in costume. Shirts are $15 and subject to change. Mollea Ochoa is the contact for ordering Blue Crew shirts and other swag. We will announce Blue Crew orders ahead of time. Email your order to [wenatcheeyouthcircus@yahoo.com](mailto:wenatcheeyouthcircus@yahoo.com) with “BLUE CREW ORDER” in the subject line.

**WENATCHEE YOUTH CIRCUS PERFORMANCE EXPECTATIONS**

Trainers Rules:

1. Hydration – Water is important. Hydrate before shows. Stay hydrated between shows.
2. Eating: No eating in costumes. Eat healthy.
3. Gum: No gum allowed!
4. Footwear: Black Capezio type gymnastic shoes or wrestling shoes (black preferred). Wrestling shoes must be tied and secured on feet at all times during practicing and performing.
5. Costumes: Performer must have appropriate costume for Act. Take care of your costumes. Place your costume in your storage container when done.
6. Show: 1 hour before show is time to do hair and make-up. Performers must be ready 30 minutes to showtime. Performers must set their own equipment 30 minutes prior to showtime.
7. Acts: Trainers decide who is in the Acts!
8. Blue Crew: Anyone on the Performance lot during the show must be wearing a Blue Crew shirt. Costumed performers not in the current Act must stay behind the wagons.
9. Ownership: Do not be afraid to learn about and take ownership of rig or equipment.
10. Shoes: Closed-toed shoes anytime while on the performance lot around equipment to include set up, tear down, showtimes and while practicing. No bare feet, sandals, or flip-flops!
11. Respect: The Circus is your family. Treat everyone with respect and work on communication.
12. Packing: Check the What to Bring document and Costume Information document.
13. Cell phones: No cell phones allowed on the performance Lot!
14. Tents: Keep tidy. Pick up your stuff. Costumes in containers.
15. Meals: Performers go first, then adults. Seconds after everyone has been through line. You must be there for all meals. You will not be served out of Cook Shack if you miss a meal.
16. Ring Curb: Be there on time and prepared to pay attention.

During the show performers not in the Act must remain behind the wagons. Please be respectful and supportive of your fellow performers performing their Act by keeping noise level low and not playing with equipment (especially juggling items, globes, costumes, and rigging). Be respectful toward Blue Crew.

**Who or what inspired you to join the Wenatchee Youth Circus?**

Remember you are an inspiration to kids of all ages in the audience but also your fellow performers. Be a good role model; help others to be responsible and safe; and share your skills and talents with each other.

**Circus as a “JOB”**

The Wenatchee Youth Circus is legally contracted by venues such as fairs and city celebrations to perform. The audiences and the venue pay for our performance. We are a non-profit and these funds are used to keep the circus operating, to provide meals, update equipment, etc.

We are all volunteers, but it is good to consider it like a “job” where we work as a team. We need to be respectful to our paying guests and give them our best performance.

This also means being respectful to our fellow performers and the adult volunteers traveling with us. If you need help, ask for it. If you see something that needs to be done, help out. If you are asked to help, do it! Teamwork!

As a Circus team, everyone is a performer and a member of Blue Crew. Set-up and tear-down is part of the performance and everyone is expected to help out. We work hard! But, we enjoy each other’s company and take time to have some fun, too!

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**Attendance**

Communication is important! If a performer is not available for a performance, please communicate with the trainer who is scheduled for that travel venue (listed on the Google Calendar). Absences will be worked around because the “show must go on”.

Absences in acts such as Fly or High Wire can mean that the act may not be able to happen for a particular venue so please think long and hard about your commitment.

**Non-performers**

“Townies” or friends are not allowed on equipment or within the perimeter of the Lot after or between shows. This is a safety and liability issue.

**Equipment**

Attention to detail is important. Learn what rigging is supposed to look like at set-up and practice. Keep an eye out for loosening knots, stakes pulling, etc. Safety – All eyes on everything. Pre-check – Performers should be pre-checking their equipment before use.

**Hydration**

De-hydration can become a serious issue during travel especially for performers. Please start extra hydration 1 to 2 days before travel. During the performance schedule, performers are expected to refrain from drinking coffee, pop, or other sugary beverages. Water and Gatorade are available at Cook Shack. Bring a water bottle to fill up or use your Red Cup. Any caffeine drinks for performers are not allowed.

**Nutrition**

It is especially important for performers to have good nutrition in order to maintain the physical stamina required for set-up/tear-down, practice, and performance. Our cook and volunteers make sure to provide ample meals and snacks to keep everyone well-fueled during circus trips. Please make sure you are eating sufficient calories and a balanced diet. Performers with unique dietary requirements that are not met by the standard Cook Shack menu will need to take responsibility for their own nutritional needs. Any concerns will be addressed by trainers and executive board members.

**2024 WYC Trainers**

Brandon Brown

Charlie Brown

Meghan Brown

Josh Dailey

Kimberly Faulkner

Zack Faulkner

Mollea Ochoa

Grey Suiter (Assistant Trainer)

Martin Talbot

William Tuthill

**TRAVEL SEASON INFORMATION**

**Travel Age**

Performers under the age of 12 must be accompanied by a parent or established guardian/adult.

If you have any questions about this policy, please talk to a member of the Executive Board.

**Drivers and passengers**

Performers catching a ride to the show are asked to provide the Driver with funds to cover fuel. Expected amount for each travel venue is listed on Google Calendar.

**Cook Shack and Ring Curb Meetings**

Bell ringing – this means food – or sometimes a meeting. Follow the bell sound. All performers and adults expected to attend.

**Our Circus Family**

As a Circus team, everyone is a performer and a member of Blue Crew. Set-up and tear-down is part of the performance and everyone is expected to help out. We work hard but we enjoy each other’s company and take time to have some fun, too!

Adult volunteers and parents – There is plenty to do during set-up, down time, performances, and tear-down. Some examples include:

* Setting up and tearing down Boys and Girls tents
* Setting up tables and chairs around Cook Shack.
* Wiping down chairs and tables after meals and during tear-down.
* Working with a performer to help set-up their assigned equipment.
* Helping with meals: preparation, serving, and cleaning up dishes.
* Costume repair and altering.
* Braiding hair – 1 hour before show.
* Make-up – 1 hour before show helping with clown make-up.
* Helping (teaching) younger performers with small jobs such a garbage pick-up, carrying stakes at set-up/tear-down, wiping down chairs/tables, etc.
* Concession Stand – Set-up, tear-down, and working during the performances.

**Mealtime**

* WASH YOUR HANDS! No food before your hands are washed. Use the sink on the side of Cook Shack to wash up or a restroom facility, if available.
* Must have shirt and shoes on before going through Cook Shack food line.
* NO eating in COSTUMES!
* Kids always in line before adults. Performers eat first.
* Second helpings are welcome after everyone has gone through the line.
* Mandatory to come when bell is rung – adults included. Even if you are not going to eat. Sometimes important issues are discussed at the mealtime because everyone is there. So if the bell rings, please come.
* NEVER USE THE DRINKING WATER JUGS for anything other than to get a drink. No hand washing or playing in the water.
* If the jug of water or Gatorade is empty, please refill. If you don’t know how, ask someone in Cook Shack or someone who has done it before. Teamwork!
* When garbage sack is full, pull it out the bag, tie it off, and replace can with a clean bag. Don’t pile garbage to overflowing. Teamwork!
* NO KIDS IN COOK SHACK.
* If the Cook Shack door is closed or rope is across the door – Cook Shack is closed.
* We always need volunteers to help serve and clean up. All adults are welcome to volunteer and their help is much appreciated.
* EVERYONE is expected to clean-up their own eating area (garbage).
* Write your name on Red cup and return empty & right side up to holder when not using.
* It is suggested you bring a refillable water bottle with your name on it.
* NO FOOD IN TENTS!
* 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.

**Purpling**

Girls are Red. Boys are Blue. No Purpling, please! ‘Nuff said.

**Lost and Found**

It is suggested performers label ALL of their personal items and clothing to reduce or eliminate lost items. There is not enough room nor is it practical to store lost clothing or items left after each show. Please make sure to put your clothes and towels (dirty and clean) away in your travel bag each day or right after you change clothes. Underwear and socks will be thrown away if not claimed at tear-down. Other clothing items may be claimed by others if no one knows to whom they belong. Please check around your tent and the Lot when you pack up to make sure you have everything!

**Tents**

The purpose of Boys and Girls tents is to provide:

1. An area to get a good night’s sleep before performances
2. Changing rooms for costumes
3. A place to store travel gear and personal belongings

Things to keep in mind concerning tents:

* Be kind and respectful to your fellow tent mates and their belongings.
* The tents and wagons are not a play area.
* Older performers have an opportunity to set good examples and provide positive leadership to younger performers.
* All personal clothing articles are to be put away in your travel bag. No loose clothing all over the tents or the Lot. Suggestion: bring a garbage sack for any dirty laundry and a small baggie for toiletries.
* Night time – It would be great to have a tent mom and a tent dad. Please let a member of the Executive Board know if you are interested in volunteering for a show or two. This person would be in charge of helping kids remember to keep their belongings together and getting everyone settled for the night.
* Curfew is set by the trainers each night and is strictly enforced. When curfew is called that means that your teeth are brushed and final trip to the bathroom is done before curfew.
* At Tear-down, everyone is expected to have your sleeping bag/cot/pad ready to go in the wagon. Personal belongings should be stowed in your travel bag.
* No food in tents!

**Dogs**

* All dogs brought on trips must be leashed and kept at owner’s tent or RV.
* No free roaming dogs.
* Poop patrol for your dog, please.
* No dogs allowed at Cook Shack area or on the performance Lot.

**Smoking**

No smoking on the performance Lot or around Cook Shack.

Smoking only allowed in your own vehicle or tent/RV area that is separate from the non-smoker tents and RVs.

**Spitting**

Absolutely no spitting! Anywhere!

**Money**

Money – don’t bring a bunch of money on trips to avoid loss.

If you do bring money, it is suggested that you have an adult be in charge of it for you.

**Cell Phones**

NO cell phones on the Lot during set-up, performance, practice, or tear-down.

Keep your phone in your bag in the tent.

**Medications**

All medications must be kept under lock and key at Cook Shack or with a parent with medical instructions to disburse. WYC is not responsible for disbursing medications. If your child has medications that need taken and you will not be traveling with them, please personally arrange for another parent to help your child with their medications.

**Complaints**

Direct complaints to an Executive Board member. Remember – Be nice. Be respectful. The best way to work out issues is with each other.

**Stealing**

If you are caught stealing, you will be sent home for the summer.

**Non-performers**

“Townies” or friends are not allowed on equipment or within the perimeter of the Lot after or between shows. This is a safety and liability issue.

**Equipment**

Attention to detail is important. Learn what rigging is supposed to look like at set-up and practice. Keep an eye out for loosening knots, stakes pulling, etc. Safety – All eyes on everything. Pre-check – Performers should be pre-checking their equipment before use.

**Attendance**

Communication is important! If a performer is not available for a performance, please communicate with the trainer who is scheduled for that travel venue. Our cook also needs to plan for meals.

**2024 WYC Executive Board**

Brandon Brown (Trainer)

Charlie Brown (Trainer)

Glenna Brown

Meghan Brown (Trainer)

Josh Dailey (Trainer)

Nicole Dailey

Kim Faulkner (Trainer)

Zack Faulkner (Trainer)

Sheralinn Lawson

Mollea Ochoa (Trainer)

Martin Talbot

William Tuthill (Trainer)

**2024 WYC Cooks**

Talena and Blake Morrell

**2024 WYC Truck Drivers**

Marty Howard

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**2024 WENATCHEE YOUTH CIRCUS PAPERWORK TODAY’S DATE:**

*Please complete all sections unless instructions say “optional”.*

By typing your name in the signature blocks provided in this document, you are signing these documents electronically. You agree that your electronic signatures are the legal equivalent of your manual signatures on this document.

### Name of performer/performers:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. |  |  | DOB |  | AGE |  |
| 2. |  |  | DOB |  | AGE |  |
| 3. |  |  | DOB |  | AGE |  |
| 4. |  |  | DOB |  | AGE |  |
| 5. |  |  | DOB |  | AGE |  |
| 6. |  |  | DOB |  | AGE |  |

*If there are more than 6 performers in your family, please write the remaining performers and their dates of birth here:*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Address** |  | | | | | | | | | | | | | | |
| **City** |  | | | | | | **State** | |  | | | | **Zip** | |  |
| **Mother’s Name** | | |  | | | **Cell #** | |  | | | **Work #** | | |  | |
| **Mother’s Email** | | |  | | | | | | | | | | | | |
| **Father’s Name** | | |  | | | **Cell #** | |  | | | **Work #** | | |  | |
| **Father’s Email** | | |  | | | | | | | | | | | | |
| **Guardian’s Name** | | |  | | | **Cell #** | |  | | | **Work #** | | |  | |
| **Guardian’s Email** | | |  | | | | | | | | | | | | |
| **Emergency Contact #1 Name** | | | | |  | | | | | | **Phone** | | |  | |
| **Emergency Contact #2 Name** | | | | |  | | | | | | **Phone** | | |  | |
| **Family Doctor** | |  | | | | | | | | | **Phone** | | |  | |
| **Insurance Company** | | | |  | | | | | | **Policy #** | |  | | | |

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**Medical Consent Information for Minor Child under 18 Years of Age:**

*Fill this out if your performer(s) are under 18.*

The undersigned is/are the natural Parent(s)/Guardian(s) of the performer(s) listed above.

Whereas, the undersigned knowingly acknowledges that the above mentioned minor(s) will be away from Wenatchee, Washington or home city 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 or home city.

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 or their home city.

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).

|  |  |
| --- | --- |
| Parent/Guardian Signature |  |
| Parent/Guardian Signature |  |

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**Consent for Medical Treatment Adult (18 and over) Performer / Volunteer / Guest:**

*Fill this form out for each performer / volunteer / guest 18 and over. There are two of these in this packet for an additional person such as spouse. Should you need an additional form, please contact* [*wenatcheeyouthcircus@yahoo.com*](mailto:wenatcheeyouthcircus@yahoo.com)*.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | | | | | | | | **DOB** | | |  |
| **Address** (if different from above) | | | | | |  | | | | | | | |
| **Email** (if different from above) | | | | | |  | | | | | | | |
| **Emergency**  **Contact Name** | |  | | | | | | | | | | | |
| **Emergency Contact Phone** | | | |  | | | **Relationship** | | | | |  | |
| **Doctor’s Name** | |  | | | | | | | **Phone** | | |  | |
| **Existing Medical Conditions:** | | | | |  | | | | | | | | |
| **Current Medications:** | | |  | | | | | | | | | | |
| **Allergies:** | | |  | | | | | | | | | | |
| **Insurance Company:** | | |  | | | | | Policy #: | | |  | | |

I knowingly acknowledge that I am responsible for carrying medical insurance for myself and I acknowledge that I am responsible for any and all medical costs not covered by medical insurance, and if I choose to not carry medical insurance, I understand that it is my responsibility to pay all treatment costs in the event of an injury or illness while traveling, performing, or volunteering with the Wenatchee Youth Circus, Inc. I understand that the Wenatchee Youth Circus will seek out proper medical care for me in the event of an accident or illness or other injury and, therefore, I desire to grant any physician or surgeon who may be requested to render medical aid to myself the absolute authority to exercise his/her personal judgment regarding my care and while traveling, performing or volunteering with the Wenatchee Youth Circus. I give my consent and authorization for any surgical procedure, which may, in the opinion of the treating physician or surgeon, be required to be performed upon myself by reason of any illness or injury. Furthermore, I 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 treatment and to hold any physician or surgeon or medical treatment facility 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, including death, which may result from any accident, illness or treatment administered to the above mentioned person.

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| Performer/Volunteer/Guest 18 & Over |  |

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**Consent for Medical Treatment Adult (18 and over) Performer / Volunteer / Guest:**

*Fill this form out for each performer / volunteer / guest 18 and over. There are two of these in this packet. Should you need an additional form, please contact* [*wenatcheeyouthcircus@yahoo.com*](mailto:wenatcheeyouthcircus@yahoo.com)*.*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | | | | | | | | **DOB** | | |  |
| **Address** (if different from above) | | | | | |  | | | | | | | |
| **Email** (if different from above) | | | | | |  | | | | | | | |
| **Emergency**  **Contact Name** | |  | | | | | | | | | | | |
| **Emergency Contact Phone** | | | |  | | | **Relationship** | | | | |  | |
| **Doctor’s Name** | |  | | | | | | | **Phone** | | |  | |
| **Existing Medical Conditions:** | | | | |  | | | | | | | | |
| **Current Medications:** | | |  | | | | | | | | | | |
| **Allergies:** | | |  | | | | | | | | | | |
| **Insurance Company:** | | |  | | | | | Policy #: | | |  | | |

I knowingly acknowledge that I am responsible for carrying medical insurance for myself and I acknowledge that I am responsible for any and all medical costs not covered by medical insurance, and if I choose to not carry medical insurance, I understand that it is my responsibility to pay all treatment costs in the event of an injury or illness while traveling, performing, or volunteering with the Wenatchee Youth Circus, Inc. I understand that the Wenatchee Youth Circus will seek out proper medical care for me in the event of an accident or illness or other injury and, therefore, I desire to grant any physician or surgeon who may be requested to render medical aid to myself the absolute authority to exercise his/her personal judgment regarding my care and while traveling, performing or volunteering with the Wenatchee Youth Circus. I give my consent and authorization for any surgical procedure, which may, in the opinion of the treating physician or surgeon, be required to be performed upon myself by reason of any illness or injury. Furthermore, I 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 treatment and to hold any physician or surgeon or medical treatment facility 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, including death, which may result from any accident, illness or treatment administered to the above mentioned person.

|  |  |
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| Performer/Volunteer/Guest 18 & Over |  |

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**WENATCHEE YOUTH CIRCUS CONCUSSION FORM**

*This form must be read and filled out for every performer and parents must also read and sign off. Only one per household is needed but all performers must be listed on the 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

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What can happen if my child keeps on playing with a concussion or returns to 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 heath 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/

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| Student Athlete Signature |  | |
| Student Athlete Signature |  | |
| Student Athlete Signature |  | |
| Student Athlete Signature |  | |
| Student Athlete Signature |  | |
| Student Athlete Signature |  | |
| Parent or Legal Guardian Signature | |  |

*If there are more than 6 performers in your family, please type in the remaining performers here:*

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**STUDENT/PARENT CONCUSSION AND SUDDEN CARDIAC ARREST AWARENESS FORM**

The Wenatchee Youth Circus believes participation in athletics improves physical fitness, coordination, self-discipline, and gives students valuable opportunities to learn important social and life skills.

With this in mind, it is important that we do as much as possible to create and maintain an enjoyable and safe environment. As a parent/guardian or student you play a vital role in protecting participants and helping them get the best from sport.

Player and parental education in this area is crucial which is the reason for the Concussion Management and Sudden Cardiac Arrest Awareness information found in this packet. Refer to it regularly.

This form must be signed annually by the parent/guardian and student prior to participation in Wenatchee Youth Circus activities. If you have questions regarding any of the information provided in this packet pertaining to concussions and/or sudden cardiac arrest, please contact a Wenatchee Youth Circus trainer or member of the Board of Directors.

**I HAVE RECEIVED, READ AND UNDERSTAND THE INFORMATION PRESENTED IN THIS PACKET REGARDING CONCUSSION RECOGNITION AND SUDDEN CARDIAC ARREST.**

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| Student Athlete Signature |  | |
| Student Athlete Signature |  | |
| Student Athlete Signature |  | |
| Student Athlete Signature |  | |
| Student Athlete Signature |  | |
| Student Athlete Signature |  | |
| Parent or Legal Guardian Signature | |  |

*If there are more than 6 performers in your family, please type in the remaining performers here:*

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**PERFORMER’S CONTRACT**

*This form must be read and signed by each performer at the bottom. One form per household is okay but each performer that signs must read the information or have it read to them.*

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.

1. Attend as many practices/performances as I can, including specific act practices if I intend to be in that Act.
2. Treat all members of the circus as I would like to be treated by others.
3. Respect all circus members’ personal belongings and privacy.
4. Be responsible for my own money (secured in cook shack) and not take money from others.
5. Travel with the same chaperone throughout an entire trip. Manager must approve changes.
6. 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 in attendance.
7. Not possess or use cell phones on the circus lot.
8. Not leave the circus lot (area of performances) without the permission of a manager.
9. Never go alone to Use the restroom during the night. Always have a buddy, preferably an adult tent mom or tent dad.

Depending on the seriousness of the offense, 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.

My signature on the following page represents my commitment to uphold this contract.

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**PERFORMER’S CONTRACT SIGNATURES**

|  |  |  |
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| Performer’s Signature |  | |
| Performer’s Signature |  | |
| Performer’s Signature |  | |
| Performer’s Signature |  | |
| Performer’s Signature |  | |
| Performer’s Signature |  | |
| Parent or Legal Guardian Signature | |  |

*If there are more than 6 performers in your family, please type in the remaining performers here:*

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**SPECIAL DIETARY NEEDS**

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.

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| Parent or Legal Guardian Signature |  |

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**MEDICAL INFORMATION**

*Please fill out information for each performer. If there are more than 6 performers in your family, please contact* [*wenatcheeyouthcircus@yahoo.com*](mailto:wenatcheeyouthcircus@yahoo.com)

*for additional medical forms.*

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| **Performer #1 Name** | | | |  | | | | **Today’s Date** |  |
| **Age** |  | | | | | **Height** |  | **Weight** |  |
| **Existing Medical Conditions** | | | | |  | | | | |
| **Medications** | | |  | | | | | | |
| **Allergies** | |  | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Performer #2 Name** | | | |  | | | | **Today’s Date** |  |
| **Age** |  | | | | | **Height** |  | **Weight** |  |
| **Existing Medical Conditions** | | | | |  | | | | |
| **Medications** | | |  | | | | | | |
| **Allergies** | |  | | | | | | | |

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| **Performer #3 Name** | | | |  | | | | **Today’s Date** |  |
| **Age** |  | | | | | **Height** |  | **Weight** |  |
| **Existing Medical Conditions** | | | | |  | | | | |
| **Medications** | | |  | | | | | | |
| **Allergies** | |  | | | | | | | |

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| **Performer #4 Name** | | | |  | | | | **Today’s Date** |  |
| **Age** |  | | | | | **Height** |  | **Weight** |  |
| **Existing Medical Conditions** | | | | |  | | | | |
| **Medications** | | |  | | | | | | |
| **Allergies** | |  | | | | | | | |

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| **Performer #5 Name** | | | |  | | | | **Today’s Date** |  |
| **Age** |  | | | | | **Height** |  | **Weight** |  |
| **Existing Medical Conditions** | | | | |  | | | | |
| **Medications** | | |  | | | | | | |
| **Allergies** | |  | | | | | | | |

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| **Performer #6 Name** | | | |  | | | | **Today’s Date** |  |
| **Age** |  | | | | | **Height** |  | **Weight** |  |
| **Existing Medical Conditions** | | | | |  | | | | |
| **Medications** | | |  | | | | | | |
| **Allergies** | |  | | | | | | | |

**PARENT/GUARDIAN CONSENT FOR OVER THE COUNTER (OTC) MEDICATION ADMINISTRATION**

Must be filled out and signed for each performer. One form per household is okay as long as all performers are listed.

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 performers listed below.

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| Performer’s Signature |  | |
| Performer’s Signature |  | |
| Performer’s Signature |  | |
| Performer’s Signature |  | |
| Performer’s Signature |  | |
| Performer’s Signature |  | |
| Parent or Legal Guardian Signature | |  |

*If there are more than 6 performers in your family, please type in the remaining performers here:*

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