



Circus Arts Institute LLC • 2969 E. Ponce De Leon Ave, Suite 370 • Decatur, GA 30030
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CIRCUS ARTS FITNESS Information Form for Kids and Teens

Please fill out this form and email to info@CircusArtsInstitute.com BEFORE the first session.

Name of Child _____ Gender _____ Age _____

Name of Parent _____

E-mail Address _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Emergency Contact Name _____

Emergency Contact Phone _____

Has your child taken aerial classes before? Yes _____ No _____

If Yes, what pieces of equipment did you learn, where and for how long did you study?

Please list any special needs, requests or pertinent medical information.

If medical conditions apply - please sign below to confirm that you have you received approval from your doctor to participate in Circus Arts Fitness.

Signature _____ Date _____

Please tell us how you heard about Circus Fitness.

Website _____ Advertisement _____ Auction _____ Festival _____

Direct Mail _____ Friend _____ Other _____