

Circus Unique

The Children's Theatrical Circus

Established 1997

**A unique team building experience of fun and learning in a stimulating atmosphere.
Ideal for students who enjoy physical activities & performing.**

July School Holidays 2010 – Glebe

Two days at the Circus – Tuesday & Wednesday – 6 & 7 July

Ages: 5 to 8 years Times: 9.30-12.30pm Cost: \$99

Program: Learn new skills or advance existing skills - tumbling, rope climbing, balancing, basic juggling, plate spinning, hoola hoops, trampoline and aerial trapeze.

Trampoline & Tumbling – Monday to Thursday – 5 to 8 July

Ages: 10 years upwards Times: 12.30–2.30pm Cost: \$121

Program: Sports enthusiasts can learn correct trampoline techniques and extend skills in flying, landing and aerial awareness as well as flips, walkovers, handsprings etc.

Strap on stilt-walking and/or unicycling and/or aerial skills – Tuesday to Thursday - 6 to 8 July

Ages: 9 years upwards Times: 12.30–2.30pm Cost: \$99

Program: Ideal for after school students or those with a good level of fitness who wish to extend or advance pre-existing skills.

Four Day Circus Intensive – Monday to Thursday – 5 to 8 July

Ages: 7 to 9 years & 10 to 15 years Times: 10am – 2.30pm Cost: \$242

Introductory Workshop: Fun, challenging, confidence-building. Students progress with age-appropriate activities: acrobatics, trampoline, juggling, hoops, stilts, diabolo, rope, aerial tissu, static trapeze & performance skills.

Beyond the Basics Workshop: Ideal for students who have participated in previous holiday or after school programs. Students are challenged with additional skills of their choice. *Finale presentation Thursday 8 July at 1.30pm.*

Enrolment Details

To ensure a place is reserved for your child:

1. Ring Circus Unique on 0402 020 498 if you have any queries and to check available places;
2. Complete enrolment form and make payment WITHIN 7 days as the payment confirms the place;
3. Full payment is required for the holiday workshops or a non-refundable deposit of \$55 for the after school workshops;
4. Payment can be made either electronically to Circus Unique BSB 802084 : A/C No. 78984 with the child's surname as the reference OR post cheque/MO to PO Box 1050, Rozelle 2039;

Address Details

Holiday Program & Tuesday after school: St Scholastica's College, Cnr Avenue Road & Arcadia St, Glebe Pt

Thursday after school program: to be advised

Instructor:student ratio approx 1:6 approx for all classes

After School 2010 – The Children's Circus

Be part of a fun and unique team building experience - progress with age-appropriate skills increasing strength and flexibility, meet new friends, conquer fears such as heights or performing in front of an audience, improve co-ordination, balance and concentration in classes designed to be safe and rewarding for every student! Students are challenged with circus and aerial skills dependent upon their background. Acrobatic skills include forward rolls, backward rolls, kick to handstand, handstands against a wall, cartwheels / over boxes, dive forward rolls / over boxes, round offs and for the more advanced student cartwheel snap downs, forward / backward walkovers, back flips and hand springs.

Circus & Aerial Skills Tuesdays at Glebe commencing 27 July	Trampoline & Tumbling To be advised
5 to 8 years: 4.15 to 5.15pm: \$165 8 to 12 years: 5.15 to 6.45pm: \$231 OR 10 to 15 years: 6.30 to 7.45pm: \$231 Private tuition: \$88/hour OR in groups of 4: \$22 to \$44 each for 30 to 60 mins	
Current after school students attending 4-day holiday workshop receive a 20% discount and a 10% discount for other workshops.	

Guidelines for parents and carers:

- Receipt of payment on a first-in first serve basis reserves the place for your child/ren.
- Children need to eat something nutritious prior to classes and will need to bring a water bottle. For our holiday workshops please pack lunch. Shorts, tracksuits, stretch pants and runners are ideal for classes. Remove all jewellery prior.
- **All students need to be dropped off and collected from the gym hall.** Ideal arrival time is 5 to 10 minutes prior to commencement time as all classes start promptly.
- Circus Unique's mobile number is listed with directory assistance and is 'on' during workshops if you need to call us.
- If a student's behaviour is affecting other students and it is not resolved within a short time then parents are notified. Please discuss any behavioral patterns **prior** to enrolling.
- If your child has an injury or is sick on the first day of our holiday workshops please ring us on the mobile and a refund will be arranged less administration fees. No refunds are available once workshops have commenced.
- For safety reasons non-participating children are not allowed on the equipment. Any photography can be taken after class or during the 'presentation/display of skills'.
- Circus Unique reserves the right to change times and dates to ensure appropriate class size.

Thank you, we sincerely appreciate your support!

PO Box 1050
Rozelle 2039

Telephone:
(02) 9810 6090
Mobile:
0402 020 498
Website:
www.circusunique.com.au
Email:
events@circusunique.com.au

1. Participants Enrolment Details: Fees and completed form are required prior to commencing.

(Full name of parent) I, _____ enrol my child/ren in:

<input type="checkbox"/> After School Term 3 - Glebe	<input type="checkbox"/> July School Holidays - GLEBE
<input type="checkbox"/> 5 - 8 yrs: \$165 <input type="checkbox"/> 8 - 12 yrs: \$231 <input type="checkbox"/> 10 - 15 yrs: \$231 <input type="checkbox"/> Private or groups of 4	<input type="checkbox"/> Two days at the Circus: 5 - 8 yrs: \$99 <input type="checkbox"/> Trampoline: 10 yrs upwards: \$121 <input type="checkbox"/> Stilts/Unicycle/Aerial: 9 yrs upwards: \$99 <input type="checkbox"/> Four Day Circus Intensive: 7-9 & 10-15 yrs: \$242 <input type="checkbox"/> Introductory <input type="checkbox"/> Beyond the Basics
<input type="checkbox"/> Confirmation – tick here if you require acknowledgement of receipt payment by email or phone.	

Office Use Only:

Cost: \$ _____
 Deposit: \$ _____
 Paid on: ___/___/___
 Cash / Cheque / M O / Elect
 Final payment: \$ _____
 Paid on: ___/___/___
 Cash / Cheque / M O / Elect

2. Participant's Personal & Contact Details:

Christian Name: _____ M / F (please circle) Age: ____ DoB: _____
 Christian Name: _____ M / F (please circle) Age: ____ DoB: _____
 Surname: _____
 Address: _____
 Suburb: _____ Postcode: _____
 Home Ph: _____ Wk: _____
 Mob: _____ Email: _____
 Contact Name (in case of an emergency): _____
 Phone (if different to above): _____ Mob: _____

3. Previous and Current Experience (ie. gym, dance, circus, martial arts etc)

4. Health Details: are there any medical conditions, allergies, disabilities or use of any medication that may affect your child/ren's participation. If so, please provide details:

5. How did you find out about us? Please tick/specify:

- | | | | |
|------------------------------------|--|--------------------------------------|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Friends | <input type="checkbox"/> Been before | <input type="checkbox"/> Sydney's Child |
| <input type="checkbox"/> TV | <input type="checkbox"/> School notice board | <input type="checkbox"/> Internet | <input type="checkbox"/> Other: _____ |

6. Your Permission: I agree and give permission for my child/ren to attend and participate in Circus Unique workshops and related activities such as photographic shoots, television productions and indoor/outdoor events and in doing so will release and indemnify Performance Extra P/L trading as Circus Unique, its instructors or volunteers, St Scholastica's College, and other associated organisations from any liability whatsoever arising from such participation, any loss of property and/or accident. I also give permission for medical/ambulance assistance in case of emergency (where it is impracticable to communicate with me) and I agree to pay such costs incurred. I take full responsibility for my child/ren and understand and agree to the guidelines as set out.

Signed: _____ Date: _____
 (Parent or guardian over 18 years of age)

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Email:
events@circusunique.com.au

1. Participants Enrolment Details: *Deposit & payment required within 2 weeks of new term please*

(Full name of parent) I, _____ enrol my child/ren in:

<input type="checkbox"/> After School Term 3 <input type="checkbox"/> 5 - 8 yrs: \$165 <input type="checkbox"/> 8 - 12 yrs: \$231 <input type="checkbox"/> 10 - 15 yrs: \$231 <input type="checkbox"/> Private or groups of 4	<input type="checkbox"/> July School Holidays - GLEBE <input type="checkbox"/> Two days at the Circus: 5 - 8 yrs: \$99 <input type="checkbox"/> Trampoline: 10 yrs upwards: \$121 <input type="checkbox"/> Stilts/Unicycle/Aerial: 9 yrs upwards: \$99 <input type="checkbox"/> Four Day Circus Intensive: 7-9 & 10-15 yrs: \$242 <input type="checkbox"/> Introductory <input type="checkbox"/> Beyond the Basics
<input type="checkbox"/> <i>Confirmation – tick here if you require acknowledgement of receipt of payment by email or phone.</i>	

Office Use Only:

Cost: \$ _____
 Deposit: \$ _____
 Paid on: ___ / ___ / ___
Cash / Cheque / M O / Elect
 Final payment: \$ _____
 Paid on: ___ / ___ / ___
Cash / Cheque / M O / Elect

2. Participant's Personal & Contact Details:

Christian Name: _____ M / F (please circle) Age: ___ DoB: _____
 Christian Name: _____ M / F (please circle) Age: ___ DoB: _____
 Surname: _____
 Address (if changed since last term): _____
 Home Ph: _____ Wk: _____
 Mob: _____ Email: _____
 Contact Name (in case of an emergency): _____
 Phone (if different to above): _____ Mob: _____

3. Health Details: are there any new health conditions that may affect your child/ren's participation? If so, please give the details:

4. Your Permission: I agree and give permission for my child/ren to attend and participate in Circus Unique workshops and related activities such as photographic shoots, television productions and indoor/outdoor events and in doing so will release and indemnify Performance Extra P/L trading as Circus Unique, its instructors or volunteers, St Scholastica's College, and other associated organisations from any liability whatsoever arising from such participation, any loss of property and/or accident. I also give permission for medical/ambulance assistance in case of emergency (where it is impracticable to communicate with me) and I agree to pay such costs incurred. I take full responsibility for my child/ren and understand that I will be consulted before images or DVD's are used for any promotional purposes.

Signed: _____ Date: _____
 (Parent or guardian over 18 years of age)