

TITO GAONA'S FLYING FANTASY CIRCUS, Inc.



REGISTRATION AND MEDICAL FORM FOR ADULTS (AGES 18 AND OVER)

Please fill out this form completely and sign it.

PLEASE PRINT LEGIBLY

Participant's Name: _____ Date of Birth: ____ (mo.)/ ____ (day)/ ____ (yr.)

Participant's Address: _____

Participant's City/Town: _____ State/Zip: _____

E-Mail Address: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Emergency Contact: _____ Phone: (____) _____

Physician: _____ Phone: (____) _____

Do you have any physical problems, restrictions, limitations or conditions that might limit your activity on the trapeze?
(rotator cuff tear, limited grip strength, sports-related injuries, back or shoulder injuries etc.)

Have you experienced pain or difficulty with movement in any of the following areas? (check any/all that apply)

____ Neck ____ Wrist ____ Lower Back ____ Shoulders ____ Arms ____ Hips ____ Elbows ____ Hands ____ Knees

Other important medical information: _____

Participant's Signature _____

Date _____

**Registration fee is \$25.00 per participant or \$75.00 family total, payable to:
*Flying Fantasy Circus, Inc.***

**Program Sites in:
Massachusetts and Florida**

**Massachusetts
(617) 262-5839
Fax: (617) 262-5839**

**TitoGaona@comcast.net
www.TitoGaona.com**

**Florida
(941) 412-9305
Fax: (941) 412-9825**