

# Circus Fun for Every one!

Thank you for your interest in our Sweet Circus play day at St Elisabeth's Church, Victoria Drive, Eastbourne.

We will have two exciting sessions running on this day:

**2.30 – 4pm = Young Persons Circus Taster.**

**4.30 – 6pm = Open drop in session for all ages and abilities.**

Both sessions are free of charge.



## Young Persons Circus Taster

This session is open to young people aged 11 – 19. We will explore some ground skills such as juggling, diabolo and hula hoop for example as well as the option of trying out some Aerial Hoop (weight restrictions may apply). Persons age 16 and under will need parental consent and all participants need to return the following forms. Numbers are limited so we strongly recommend you book in advance.

## Open Drop In

People of all ages and abilities are welcome to attend this session for as long or as shorter time as you like. Children aged 9 or under must be supervised and those age 16 and under must have parental consent as indicated on the following form. Although this is a drop in it is good to know how many people to expect so please do book in advance if you can.

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Participants will be introduced to a range of Circus Skills (including ground skills such as juggling, diabolo, feather balancing and plate spinning as well as aerial hoop, silks or trapeze) and encouraged to develop skills and an active hobby. The sessions are physical in nature involving balance, strength, co-ordination, agility, fitness and positive body awareness. Plus, circus skills are great for developing social skills, confidence, resilience, perseverance, focus and concentration. There are obvious risks involved with all circus-based activity so please be sure to read the attached forms thoroughly.

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Sessions are led by Miz Wells who is a qualified teacher and children's activity instructor. She is also a certified aerial instructor with many years of experience, awards, medals and recommendations under her belt. The aerial equipment is all LOLER (The Lifting Operations and Lifting Equipment Regulations 1998) compliant. She is ably assisted by the Sweet Circus team all of whom are experienced, fully insured and DBS checked.

Should you wish to book you will need to return the booking form (Page 2). For the **young persons taster session it is essential that you also complete an Informed Consent and Physical Activity Readiness Questionnaire (PAR-Q)** which can be found on Page 3. These should be returned via email to [info@sweetcircus.net](mailto:info@sweetcircus.net) or in person to Sweet Circus, Enterprise Centre, Station Parade BN21 1BD.

Should you have any queries in the meantime feel free to contact us:

Email: [info@sweetcircus.net](mailto:info@sweetcircus.net)

Facebook: <https://www.facebook.com/sweetcircuseastbourne>

Telephone: 07718 996 853

I .....(your name) would like to book:

Name and age of Participants: .....  
.....  
.....  
.....  
.....

On the following Circus Play day sessions (please tick)

Name	Young Persons Session 2.30pm (please tick)	Open Session 4.30pm (please tick)	This participant can leave the session unattended	This participant will be collected by: (insert name)

Your Email Address: .....

Your Contact Number: .....

**Emergency contact during the session:**

Name .....

Contact numbers: .....

Parent / Guardian email: .....

I understand that children need to be dressed appropriately and should bring a bottle of water to the session. I understand that there are risks involved in Circus Activities and have discussed behaviour expectations with my children to minimise these risks

Signed ..... Date .....

Sweet Circus are required to keep your (& your child's) details in order to keep your child safe. We may also contact you should a class be cancelled or altered. We will never share your information with third parties. We will not use your information for any other purpose unless your consent is indicated.

Sweet Circus & Active Cherry would like to keep you informed of future workshops, products, promotions, circus jams, events and classes that may be of interest to you. Tick here if you agree! ☐



# Circus by the Sea



## Informed Consent and Physical Activity Readiness Questionnaire

**Despite careful planning and delivery all circus workshops carry an element of risk so it is important that you read this information carefully.**

**Any healthy persons** are welcome to register for an appropriate session, **there are age / weight restrictions on some activities** so please check these before registering. You are advised to wear suitable clothing such as leggings / joggers and a t-shirt, jewellery should be removed.

Sessions include warm up activities, strengthening exercises, learning and practicing skills and a cool down section. You will not be forced to do anything you don't want to but if you do not participate in one section it may be unsafe for you to participate in activities which follow.

Let your instructor know if you feel you can't do something, or if you experience excessive pain and they will advise you. Parents / carers are welcome to stay and watch.

You are likely to experience some bruising or burn and tenderness on contact points with aerial equipment. As with any exercise you may feel achy for a few days after the first session. This session has been designed to minimise those risks and it is important to watch and listen to your instructors. If you are unsure of what or how to do something, please ask.

**Should you have any queries please do not hesitate to talk to one of our instructors before your session.**

To ensure safe practice it is a requirement that you complete the following health questionnaire. If the participant is under 18 yrs this should be signed by a parent / guardian.

Participants Name ..... Age ..... Date of Birth .....

Telephone number: ..... Email .....

Address ..... Post Code .....

### **Have you (participant) ever suffered from any of the following: (please circle)**

Heart conditions or chest pain?	Y / N	High or low blood pressure?	Y / N
Fainting or dizzy spells?	Y / N	Asthma?	Y / N
Are you pregnant or postnatal?	Y / N	Diabetes?	Y / N
Any operations in the last year?	Y / N	Any Recent Injuries?	Y / N
Medication / dietary supplements?	Y / N	Bone or joint issues?	Y / N
Other medical issues not mentioned here?	Y / N	<b>Participants weight less than (11st) / More</b>	

Is there anything else you feel your instructor should know? Y / N

If yes please give details:

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If you have answered yes to any of the above please discuss this with your instructor before the workshop. We may recommend that you seek advice from your doctor prior to participating.

Photographs are often taken and uploaded to our social media sites for you to download. We sometimes use these for marketing purposes but you can request that they be removed at anytime by contacting us through Facebook or Email.

Please sign below to confirm that you have read the accompanying information and agree (for your child) to participate in the session and that you understand you are able to stop participation in the session if you feel uncomfortable at any time.

Participants Name ..... Parent / Guardian Name .....

Participants Signature ..... Parent / Guardian Signature .....

Date .....

Sweet Circus, Circus by the Sea & Active Cherry would like to keep you informed of future workshops, products, circus jams, events and classes that may be of interest to you. We never pass on your details to a third party and you can opt out at any time.

Tick here if you agree! ☐ Please provide your Facebook profile name ..... (optional)