



Capoeira Karkara Cultural Arts Center, Inc. Summer Camp Registration Form

Student's Name: _____ Today's Date: ___/___/___

Address: _____

Email Address: _____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Who does the child live with? _____

Student's Date of Birth: ___/___/___ Male Female Grade: _____

School: _____

How did you hear about us? _____

In case of emergency, contact: _____

Relationship to student: _____ Phone: _____

Name of other person authorized to pick-up the student: _____

Relationship to student: _____ Phone: _____

Any health information (physical, psychological or otherwise) we should know about that could impact your child's ability to participate? Include any habits, fears, etc. that will better help us meet the individual needs of your child. _____

List any food allergies: _____

I AM REGISTERING FOR: (Check all that apply) Session I Session II Session III

WAIVER AND RELEASE OF LIABILITY

My name is _____ and I am the parent/guardian of _____
(if student is under 18). I am entering into the following Release and Waiver Agreement with Capoeira Karkara Cultural Arts Center, Inc. (herein called CKCAC), Sara da Conceicao, Alberto da Conceicao and all other instructors at CKCAC, as well as my/my child's fellow students in the capoeira classes, specialty classes and workshops, after school classes, camp, demonstrations or other functions that I/my child am participating in. I understand that I am signing this Release and Waiver Agreement in consideration for and as a requirement of my participating in any classes, after school classes, camp, workshop, demonstration or other functions at CKCAC whether located at any capoeira facility or other location(s).

I understand that I/my child will be participating in an activity that has a potential for physical injury. Because this activity is inherently dangerous, I, for myself/child and on behalf of my heirs, assigns, and personal representatives, hereby RELEASE AND HOLD HARMLESS Capoeira Karkara Cultural Arts Center, Inc., their officers, officials, agents and/or employees, or other participants (CKCAC), from any and all liability, claims, damages, costs expenses, demands, and attorney fees, actions or causes of actions unknown or known, past present or future, related to, arising out of, or are in any way connected with my participation with CKCAC with respect to any and all injury or disability to myself/child including bodily injury, death, or loss/damage to personal property.

I understand that participation in capoeira classes, camp and all other activities inside and outside CKCAC involves physical activity and as such carries with it the risk of injury. Should an injury occur, any and all medical expenses incurred are the sole responsibility of the participant or participant's family, this includes all activities inside and outside this facility.

I certify that I (and/or my child) have no limitations/conditions and am fully able to participate in this activity.

Yes **No** (If no, refer to Registration Form to list any physical or other health limitations). I acknowledge that failure to disclose any health conditions may result in injury and I hereby RELEASE AND HOLD HARMLESS CKCAC from any and all liability associated with any harm or injury resulting from my failure to disclose such health condition.

I hereby authorize CKCAC, Alberto da Conceicao and all other authorized drivers to **transport my child from school to Capoeira Karkara (CKCAC)**, to medical facilities, including urgent care and hospital facilities, other participating schools that we pick up from, and **from CKCAC to any local field trips** that have been planned in advance. In doing so, I hereby expressly waive and release any and all rights or claims of any nature whatsoever I may have against the driver, teachers, administrators, and employees of CKCAC, arising out of, in connection with, or resulting from the school activities referred to above.

I have read, fully understand, and agree with the terms of this Waiver and Release of Liability. I assume the risk and danger of injury to myself/child while participating at CKCAC or in any event in connection with CKCAC.

This Release and Waiver Agreement executed this _____ day of _____, 20__.

Student Name _____

Student Signature _____

Parent/Guardian Name (if student is under 18) _____

Parent/Guardian Signature _____



Capoeira Karkara Cultural Arts Center, Inc.

Summer Camp Rules and Regulations

CAMP DATES, TIMES AND PRICING:

Summer Camp 2012 runs Monday – Friday, June 11th – August 17th. Camp times are from 9:00 AM – 6:00 PM. We offer FREE BEFORE CARE from 8:00 am - 9:00 am.

Session I	June 11 - July 6*	4 weeks	\$ 480.00
Session II	July 9 - July 27	3 weeks	\$ 360.00
Session III	July 30 - August 17	3 weeks	\$ 360.00
Sessions I, II, and III**	June 11 - August 17	10 weeks	\$ 1,200.00

* There will be no camp on July 4th

DISCOUNTS:

**** Register for the whole summer and receive a FREE UNIFORM (A \$60.00 value!)**

Save \$120.00! **10% discount for siblings**

Save \$60.00! **5% discount if you REGISTER BEFORE APRIL 1st!!!!**

Tuition price does not include field trips, lunches or snacks. (Price above also does not include sales tax.)

DOWN PAYMENT: A \$100.00 non-refundable down payment is due upon registration to reserve your spot. (Amount will be deducted from your first payment).

PAYMENT POLICY: It is recommended that you may pay in full before Friday, June 8th. You may also pay in full for each session by the Friday before the session start date. All payments are collected through our automated payment service. You may use any major credit card. Please fill out the attached form with your credit card information. A completed registration form, including the credit card authorization form, must be on file with the program prior to the first day of attendance. A weekly payment option is available for an additional fee of \$5.00 per week. To pay by check you must submit post-dated checks for each session payment by the Friday prior to the first day of the camp session.

Note to current students: Your monthly payments will cease upon your first payment for summer camp. You will be pro-rated for any amount remaining on your current billing period. After summer ends, your monthly payments will resume for regular classes or After-school program.

REGISTRATION FEES: There are no registration fees for students currently enrolled in our After-School program or regular monthly classes. For new students, an \$80.00 non-refundable registration fee is due on the date of registration. This fee includes a uniform and a “corda crua” (raw cord for uniform pants)

UNIFORMS: Uniform T-Shirts are required for all field trips. White uniforms are required for all capoeira classes taught during the week. On Fridays only, students may wear colored uniforms to class/field trips.

FIELD TRIPS: We will regularly offer local field trips as part of our summer camp programming. Field trip fees are not included in the tuition cost. You will be notified in advance of any fees required to attend field trips as well as any needed permission forms to be signed prior to the field trip.

STUDENTS MUST BRING TO CAMP DAILY:

- A bag lunch
- Extra drinks/snacks
- Sneakers, play shorts, and capoeira group shirt (for field trips)
- Capoeira uniform (shirt, pants, cord) – for classes
- Money for field trips (will be notified in advance)

REFUND POLICY: The registration fee and down payment are non-refundable. If you voluntarily withdraw from camp, and you have paid in full or have authorized us to charge your card for your payment, your money will be refunded in the following manner: Two weeks prior to beginning a session: 75% refund. One week prior to the session: 50% refund. No refunds will be granted once a session has started.

MEDICAL REASON FOR CANCELLATION: We understand that serious medical issues may arise over the summer. Please call us as soon as possible to inform us of your need to cancel that would prevent your child from participating for an extended period of time. We will ask that you submit a written excuse from your child's physician. If your child is so sick that he/she will miss a significant portion of the current session, and there is time and room, we will work with you to switch your camper to a later session.

DECLINED PAYMENTS: There is a **\$15.00 charge** for all declined payments.

PHOTOGRAPHS: The student/parent gives **permission to be photographed** during participation in any activity in connection with Capoeira Karkara. CKCAC **retains all rights** of ownership of any photographs obtained at any event the student participates in.

HEALTH: Any **limitation in the ability to participate** due to a medical **condition must be noted** on the Registration Form. Failure to identify any health condition will result in CKCAC treating the student as if he/she has no existing health condition.

WAITING AREA: While capoeira classes are in session, parents must remain in the waiting area only. Only participating students are allowed on the floor at any time. Anyone in the waiting area may observe classes but not interact with students, teachers or interfere with class in any way.

DISCIPLINE: Students must be respectful at all times. This includes self-respect, respect for fellow students, respect for instructors, and respect for the space we train in. Parents are expected to help implement this rule with their participating children.

I have read, fully understand, and agree with the terms of this Rules and Regulations Agreement.

Signature: _____

Date: _____



Capoeira Karkara Cultural Arts Center, Inc.

Credit Card Recurring Payment Authorization Form

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your Visa, MasterCard, American Express or Discover card. A receipt will be available and each charge will appear on your statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ (full name) authorize Capoeira Karkara Cultural Arts Center, Inc. to charge my credit card

indicated below for the amount(s) and date(s) indicated below for payment of tuition for summer camp 2012.

Time period:	Payment Date:	Payment Amount:	Adjusted Amount (Multiple campers, discounts, sales tax, etc.)	Initial to authorize:
Full summer	June 8	\$ 1,200.00		
Session I	June 8	\$ 480.00		
Session II	July 6	\$ 360.00		
Session III	July 27	\$ 360.00		

Check here if submitting post-dated checks for the dates and amounts indicated above.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that **this authorization will remain in effect until the completion of the sessions indicated above.** I will notify the business of any changes in my account information at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; provided the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

DATE _____

OFFICE USE ONLY:

Down Payment Received:

Form of Payment/Date:

Registration Fee Received:

Form of Payment/Date: