

Thank you for your interest in our best ever CAPOEIRA KARKARA KIDS FUN SUMMER CAMP 2013! Your child will have a blast, getting plenty of exercise and having fun in a positive, nurturing environment.

Aside from instruction in capoeira, dance, music, acrobatics, Portuguese Language, yoga and more, we will be doing fun activities, arts and crafts and games and going on field trips to fun places for kids of all ages! Our curriculum is designed to enrich the life of each camper – not only physically, but also mentally and socially. By the end of summer, your child will be more fit, strong, focused, and respectful with better life-skills and self-confidence. The summer will culminate with our Summer Showcase Performance, a spectacular event that will allow our awesome campers to show their friends, family and community all that they have learned during the summer at Capoeira Karkara.

We accept children ages 4 – 13.

Teen leadership program available for ages 14-18, subject to availability.

A typical day will include:

Several fun classes throughout the day:

- Capoeira Kicks and Defense techniques
- Acrobatics
- Music
- Portuguese
- Dance (Maculele)
- Yoga
- Games
- Strength, trust, confidence and focus-building activities and games
- Arts and Crafts
- Outdoor play at a park or daily field trip
- Special workshops

Field trips:

We will visit several exciting places such as:

- Skating rink
- Bowling
- Nature centers
- Water parks
- Chuck E Cheese
- Movies
- Parks and playgrounds
- Pools
- More

Our instructors:

The camp is directed by Contra Mestre Betinho and Formada Sara da Conceicao. They have been teaching capoeira to children locally since 2006 and share their passion for capoeira, fun and fitness with their students in the academy on a daily basis. They have a combined experience of almost 40 years in capoeira and Sara holds a Master's Degree in Education and is a certified Kids Yoga Instructor. Other qualified counselors and professionals training under C.M. Betinho will assist in teaching during the summer camp.

Policy & Procedure Information:

Registration Dates

Camper registration is processed on a first-come basis. Due to limited space available, it is recommended to register as soon as possible to reserve your space.

If you wish your child to participate in our end-of-summer Showcase Performance, it is recommended that you attend all 9 weeks of camp. The tentative date/time for the performance is Friday August 2 at 6:00 pm.

Camp Fees

\$1,170.00 for all 9 weeks (plus the cost of field trips)

****A \$45 SAVINGS FOR DOING ALL 9 WEEKS**

Weekly Payment Option:

\$135.00 per week (plus the cost of field trips)

\$15.00 per week – Field trip cost (\$135.00 for the whole summer)

5% discount for siblings

If you choose the weekly payment option, all weekly balances must be paid in full by the Friday before the week you are registering for.

Price does not include lunches or snacks.

**Camp fees also cover all regular classes on our schedule (\$99.95 monthly value). If you are already paying for monthly regular classes (or our After School Program), your payments will cease during the 2 summer months and resume in August.*

Registration Deposit

For those who do not pay in full for camp at the time of registration (which is recommended), a \$100.00 deposit is required upon registration to reserve your spot for all 9 weeks. If attending only 1 or more weeks, a \$25.00 deposit per week, per child is required. Deposits are applied to the camp balance and are non-refundable (no exceptions).

**Paying the Registration Deposit before May 1st does not lock you in at the early registration rates. To receive the pre-May 1st rate, you will need to pay your balance in full on or before May 1st.*

Registration Fees

Current/returning students	\$30.00 (includes 2 camp T-shirts)
New students	\$80.00 (includes 2 T-shirts, pants and cord)

Registration Fee must be collected in order to process your registration request.

Camp Dates/Times

Karkara Kids Camp Summer 2013 will run from Monday June 10th – Friday August 9th for a total of 9 weeks. There is no camp on July 4th.

Camp times are from 9:00 AM – 6:00 PM. Early drop off begins at 8:00 AM (No extra charge).

<u>Sessions</u>	<u>Dates</u>
1	June 10 – June 14
2	June 17 – June 21
3	June 24 – June 28
4	July 1—July 5 *No camp on July 4th
5	July 8 – July 12
6	July 15 – July 19
7	July 22 – July 26
8	July 29 – August 2
9	August 5 – August 9

Payment and Refund Policy

For the registration fee, down payment, camp payment and field trip fees, you may pay by any major credit or debit card, cash, or check made out to Capoeira Karkara Cultural Arts Center.

If choosing the weekly payment option, your payment in full must be received by the Friday before the session you are registering for. You may set up automatic weekly payments with a major credit or debit card.

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 (or more) 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.

Camp Packet

The Camp Information Packet contains critical information such as drop-off and pick-up times, what your camper needs to bring to camp, field trip schedule etc. The Camp Information packet will be emailed to you approximately 2 weeks prior to the start of camp. It will also be available for download on the web site or at the front desk starting June 1st

How to Register

1. Fill out the Personal Information Form and the Waiver Form.
2. Bring or mail completed forms with your appropriate Registration Fee and deposit or complete payment to: Capoeira Karkara Cultural Arts Center, 3553 W. Boynton Beach Blvd, Boynton Beach FL 33436. Once we process your paperwork we will email you a confirmation.
If you wish to pay by credit card, fill out the credit card authorization form and submit it with your application.

Personal Information 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: _____

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 allergies, food or otherwise: _____

Circle the weeks you will be attending:

Jun 10-14

Jun 17-21

Jun 24-28

Jul 1-5

Jul 8-12

Jul 15-19

Jul 22-26

Jul 29-Aug2

Aug 5- 9

ALL 9 WEEKS

SUMMER CAMP WAIVERS for Student Name(s) _____

As legal parent/guardian(s), I/We hereby give the above student permission to participate in Capoeira Karkara's summer programming including classes, workshops and all indoor and outdoor sports, field trips and related activities.

In consideration of our child's right to participate in Capoeira Karkara's activities, I/We hereby waive, release and discharge any and all rights or claims which I/We may have against Capoeira Karkara Cultural Arts Center, Inc. (herein called CKCAC), their respective subsidiaries, affiliates, directors, officers, employees, members, staff and independent contractors as a result of our child's participation in CKCAC's program. Further, I/We agree to defend, indemnify and hold CKCAC harmless against any and all claims, actions or suits which may be brought as a result of damages or losses sustained as a result of participation in CKCAC's program.

I/We understand and acknowledge that our child can and will be asked to withdraw from this program at the discretion of the program staff should the child become a disciplinary problem and/or disrupts the operation of the program.

✂ Parent/Guardian Signature _____ Date: _____

PHOTO/MEDIA RELEASE

I understand that Capoeira Karkara Cultural Arts Center, Inc. (herein called CKCAC) desires to use photographs of my child, which may be published promotional medium. I hereby consent and give the CKCAC permission to take photographs and/or digital video images of my child and to use and publish such photographs, together with any caption or descriptive material, including my child's name, for advertising, publicity, or any other purposes in the CKCAC promotional medium, or in any other publication or manner that CKCAC may authorize.

I waive the right to inspect or approve any photographs or digital video images before they are published and any use to which they may be put.

I release CKCAC and its employees of and from all debts, claims and liability of any kind arising out of or in connection with the taking and use of photographs, the use of my name and the use of any caption or descriptive material therewith.

✂ Parent/Guardian Signature _____ Date: _____

TRANSPORTATION

I give permission for my child to participate in off-site field trips. I understand that Capoeira Karkara Cultural Arts Center, Inc. will provide transportation to and from these events and I release CKCAC of all liability during such times.

✂ Parent/Guardian Signature _____ Date: _____

Primary Physician:

Phone:

Health Insurance Carrier:

Policy No.:

In the event of a serious accident or illness, I request that CKCAC contact me. If I cannot be reached, CKCAC may make whatever arrangements are necessary to provide emergency care and treatment for my child. This may include conveyance to treatment at a hospital or other medical facility. I will assume responsibility for payment for services rendered. In case of an accident or illness where immediate treatment of my child is not necessary, but where he/she is unable to remain at the CKCAC, I request that CKCAC attempt to contact me first at the numbers that I have provided to arrange transportation for my child. In the event that I cannot be reached, please contact the emergency contact I have listed.

✂ Parent/Guardian Signature _____ Date: _____



Capoeira Karkara Cultural Arts Center, Inc. Credit Card Payment Authorization Form

Please complete the information below:

I _____ authorize Capoeira Karkara Cultural Arts Center, Inc. to charge my credit card
(full name)
indicated below for the amount(s) and date(s) indicated below for payment of tuition for summer camp 2013.

Payment Date:	Payment Amount:	Description	Initial to authorize:

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 terms 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 date falls on a weekend or holiday, I understand that the payment 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: _____
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Capoeira Karkara Cultural Arts Center, Inc. Credit Card Recurring Payment Authorization Form (Weekly Payments)

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your Visa, MasterCard, American Express or Discover card. You will be charged the amount indicate below each billing period. 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 _____ authorize Capoeira Karkara Cultural Arts Center, Inc. to charge my credit card
(full name)

indicated below for _____ on the Friday before each week that my child attends summer camp.

(Circle the dates your child will be attending camp:)

Jun 10-14	Jun 17-21	Jun 24-28	Jul 1-5	Jul 8-12
Jul 15-19	Jul 22-26	Jul 29-Aug2	Aug 5-9	ALL WEEKS

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: Visa MasterCard Discover
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV2 (3 digit number on back) _____

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 end of the payment term indicated above.** The registration fee and down payment are non-refundable. If you voluntarily withdraw from camp, and you sign this form, 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. 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: _____
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