



Karkara Kids Capoeira Summer Camp

2016 Registration Form

Thank you for your interest in our best ever **CAPOEIRA KARKARA KIDS FUN SUMMER CAMP 2016!** Your child will have a blast, get plenty of exercise and have fun in a positive, nurturing environment.

Aside from instruction in capoeira, dance, music, acrobatics, Portuguese Language, yoga, Jiu Jitsu and more, we will be doing fun activities, arts and crafts, organized teamwork building 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 End-of-Summer Celebration, a fun gathering that will allow many of our awesome campers to celebrate with their friends, family and community all of the fun things they have learned during the summer at Capoeira Karkara.

We accept children ages 5 – 13.

**Some 4 year olds welcome. Inquire for details.*

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

A typical day includes a field trip and some workshops in any of the following areas:

- Capoeira- training in the 2 main styles of capoeira, classes separated according to age and level
- Acrobatics
- Music- singing, instruments - AFRO BRAZILLIAN DRUMMING LESSONS
- Dance - Maculele, Afro-Brazilian Dance, Samba
- Portuguese language, Brazilian culture and history
- Yoga- relaxing and joyful games and stretches, yoga acrobatics
- Flexibility/conditioning
- Organized large and small group games and activities to improve communication, team skills, agility, balance, strength, trust & focus
- Arts & Crafts projects daily
- **JIU JITSU**
- **Other special workshops to be announced**

Daily field trips will include places such as:

- Trampoline Park
- Monkey Joes
- Boomers
- Skating
- Paddleboating
- Zoo
- Water parks
- Movies
- Splash parks
- Live theatre
- Beach
- Pools
- **AND MANY MORE!!! We go on field trips every day, at no additional cost to you.**

Our instructors:

The camp is directed by Contra Mestre Betinho and Instrutora Sara 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 45 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 and other specialists will assist in teaching during the summer camp.



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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 for your child to participate in our Summer Celebration (tentative date/time is **Friday, July 29th at 6:00 pm.**), it is recommended that you attend all 9 weeks of camp, but it is **REQUIRED** that you attend camp the week of July 25th-29th in order to participate in the rehearsals. Campers who do not attend enough weeks of camp to participate in some parts of the celebration will all be invited and encouraged to participate in the roda.

Camp Fees

\$200.00 per week

No additional fees for field trips!! *Field trips are included at NO EXTRA COST!*

Price does not include lunches or snacks

DISCOUNTS AVAILABLE!!!!

Take an additional **5% off** the weekly rate **if you register BEFORE May 2nd**

Take an additional **5% off** the weekly rate **if you pay IN FULL at time of registration**

Take an additional **5% off** the weekly rate **for siblings**

Take an additional **5% off** the weekly rate **if you register for at least 7 weeks of camp**

To reserve your spot:

1. Pay tuition plus registration fee in full *or*
2. Pay a \$30.00 (per week, \$100 max) down payment plus registration fee

Down Payment

For those who do not pay in full for camp at the time of registration, a \$100.00 deposit is required upon registration to reserve your spot for all 9 weeks. If attending only 1 or more weeks, a \$30.00 deposit per week, per child is required. Deposits are applied to the camp balance (reflected in your last payment) and are non-refundable (no exceptions). **If your child will be attending more than 3 weeks of camp, your down payment will not exceed \$100.00.**

Registration Fees

Registration Fee costs \$30.00 (includes 2 camp T-shirts) and must be collected in order to process your registration request. Additional shirts are available for \$15.00.

Payment and Refund Policy

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

All payments are due in full by the Friday before the session you are registering for. You may set up automatic weekly payments with a major credit or debit card.



Karkara Kids Capoeira Summer Camp

2016 Registration Form

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.

In the event of inclement weather, camp may be cancelled and no refunds will be given. We will contact you to let you know in advance if we will be closed for camp due to weather conditions.

Camp Dates/Times

Karkara Kids Camp Summer 2016 will run from Monday, June 6th – Friday, August 5th for a total of 9 weeks.

Camp times are from 9:00 AM – 4:00 PM. Early drop off begins at 7:30 AM and late pick-up as late as 6:00pm (No extra charge).

<u>Sessions</u>	<u>Dates</u>
1	June 6 – 10
2	June 13 – 17
3	June 20 – 24
4	June 27 – July 1
5	July 5 – 8 * NO CAMP ON JULY 4
6	July 11 – 15
7	July 18 – 22
8	July 25 – 29
9	August 1 – 5

Sample Daily Schedule

****Our schedule changes daily according to the classes/trips we have planned, but this gives you a general idea. If you need specific details about a certain day, please inquire with the staff.***

7:30 - 9:00 am - Early Drop-Off - Free Play

9:00-9:15 am - Circle time

9:15-10:00 am - Morning Activity (Portuguese, Yoga, Music, Small group challenge, etc.)

10:00 am - Morning Snack

10:30 - 11:30 am - Capoeira training/other workshop

11:30 - 2:30 pm - Lunch, Field trip

3:00 pm - Afternoon snack

3:30 - 5:00 pm - Arts and Crafts project, organized games, and/or afternoon activity

5:00 pm -6:00 pm - evening kids capoeira class (summer campers are not required to participate, but if you wish your child to participate, he/she must have the white pants/cord)

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 prior to the start of camp. It will also be available for download on the website and at the front desk prior to the camp start date. **ALL PARENTS MUST READ THE CAMP PACKET IN FULL.**



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Personal Information

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 your child's shirt size: S M L Other (Adult Size) _____

Circle the weeks you will be attending:

Jun 6-10	Jun 13-17	Jun 20-24	Jun 27-July 1	July 5-8
Jul 11-15	Jul 18-22	Jul 25-29	Aug 1-5	ALL 9 WEEKS



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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: _____



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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 2016 .

Payment Date:	Payment Amount:	Description	Initial to authorize:

Billing Address _____
City, State, Zip _____

Phone# _____
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:)

June 6-10	June 13-17	June 20-24	June 27-July 1	July 5-8
July 11-15	July 18-22	July 25-29	Aug 1-5	ALL 9 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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