



Karkará Kids Capoeira *After School 2018-19*

Personal Information & Waiver

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

Address: _____ City/State: _____ Zip: _____

Email Address: _____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Who does the child live with? _____ Student Date of Birth: ___/___/___

Male Female

School: _____ Grade: _____

How did you hear about us? _____

Other person authorized to pick-up the student: _____

Relationship to student: _____ Phone: _____

Other person authorized to pick-up the student: _____

Relationship to student: _____ Phone: _____

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:

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 Karkará Cultural Arts Center, Inc. (herein called CKCAC), Sara Conceição, Alberto Conceição 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 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, workshop 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 Karkará 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 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 Personal Information 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 Conceição (C.Mestre Betinho), Sara Conceição, and all authorized drivers to transport my child from school to Capoeira Karkará (CKCAC), to medical facilities, including urgent care and hospital facilities, other participating schools that we pick up from, and from the academy to any local field trips. 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 understand that CKCAC, Inc. is a Martial Arts school and not a daycare center in as such, their stock and trade is not supervision and care. The intent is to teach Martial Arts physical and philosophical character building skills. I understand that CKCAC, Inc and is a drop-in facility and that such, my child(ren) is/are free to come and go. If my child(ren) is/are to stay in the facility it is because of my direction and not CKCAC, Inc 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____.

Parent/Guardian Signature _____

_____ I have read and agree to all terms set forth in the After School 2018-19 Rules & Information Packet.

(Initials)



Capoeira Karkará Cultural Arts Center, Inc. Recurring Payment Authorization Form

Please complete the information below:

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

indicated below for **\$320.50** every **15th** of the month starting on _____ and ending on _____ for
(date: MM/DD/YY) (date: MM/DD/YY)

payment of my Capoeira After School for _____ for a total of _____ monthly payments, plus a
(Student Name)

one-time pro-rated charge of _____ on _____ based on my child's start-date of _____.
(date: MM/DD/YY) (date: MM/DD/YY)

Checking/ Savings Account (Preferred Method)

Checking Savings


Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State/Zip _____



Credit Card

Visa MasterCard

Amex Discover

Cardholder Name

Account Number

Exp. Date _____

CVV (3 digit number on back of card) _____

Billing Zip _____

I authorize the above-named business to charge the credit card or bank account indicated in this authorization form according to the terms outlined above. I understand that **this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of termination of this authorization 30 days in advance of the date of termination.** 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, as well as any **\$15 decline fees, late pick-up fees, or outstanding balance** should there be one if I decide to cancel before the end of the school year. In the case of an ACH or Credit Card Transaction being rejected for Non Sufficient Funds (NSF) or any other reason, I understand that Capoeira Karkara may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$15 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH or Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card or bank account and that I will not dispute the payment with my credit card company or bank; provided the transactions correspond to the terms indicated in this authorization form.

Registration Fee

Amount:	Authorized? Y or N	Form of Payment:	Date received:
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SIGNATURE _____ DATE _____