



Karkará Kids Capoeira Spring Camp 2019

March 18-22, 2019 - plus March 25 (optional)

REGISTRATION PACKET

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? _____

Date of Birth: ____/____/____ Male Female New Student Returning student

School/Grade: _____ How did you hear about us? _____

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: _____

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

Relationship to student: _____ Phone: _____

Emergency Contact: _____

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

Name(s) _____

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

In consideration of our child’s right to participate in Capoeira Karkará’s activities, I/We hereby waive, release and discharge any and all rights or claims which I/We may have against Capoeira Karkará 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 programming. 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 Karkará Cultural Arts Center, Inc. (herein called CKCAC) desires to uses 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 Karkará Cultural Arts Center, Inc. will provide transportation to and from these events and from school to the CKCAC facility (After school students) 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: _____

REGISTRATION INFORMATION

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.

STUDENT FEES: JUST \$240.00 PER CHILD (Additional \$45 for Monday March 25th for total of - \$285.00)

DISCOUNTED RATE FOR AFTER SCHOOL STUDENTS: JUST \$190.00 PER CHILD

*5% additional family member discount **Price INCLUDES the cost of field trips AND extended hours.**

We will be going on @ "1 * 1" * 1ž 'A? * < @ "G" ? Jž ° J at 35 "I A? ° 1 5 @ including: Adrenaline Trampoline Park, Delray Beach Children's Garden, Chuck E. Cheese & Local Parks & Playgrounds

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REGISTRATION FEES:

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3Z, y | XZI {y @ A \$20 non-refundable registration fee (plus tax) is due on the date of registration.

This fee includes one camp shirt. Additional shirts and capoeira pants are available at an extra cost.

(Capoeira pants are not required for camp)

PAYMENT POLICY: H Z n_Zx {, n uMk ZI {nu {lml y @

1. **Payment in full** at the time of registration.

2. **\$50 non-refundable down payment** at the time of registration and balance on or before 03/15/19.

For the registration fee and camp payment, you may pay by checking account, cash, or check made out to Capoeira Karkara Cultural Arts Center. We accept credit cards but prefer EFT draft from your checking account. Please fill out the attached form with your bank account information. A completed registration form must be on file and payment must be submitted in full or authorized (to be paid in full by Friday 03/15/19) for your spot to be reserved and guaranteed.

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

REFUND POLICY: AaZ xZ` by xMl `ZZ MIX Xn, I uMk ZI {MzI ni 'xZ | I XWjZ. 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 camp: 75% refund. One week prior to camp: 50% refund. No refunds will be granted within a week of camp start date.

Campers must bring daily :

capoeira shirt, comfortable shorts, lunch, 2 (healthy) snacks, water bottle, bathing suit and towel.

UNIFORM: All campers are REQUIRED to wear the camp shirt every day to camp and to all off-site trips. Comfortable, loose shorts or pants may be worn. No skirts please. Please ask the camp directors if there are any specific days to bring your capoeira pants/cord for a particular class or if anything additional is needed for the following camp day.

Shoes appropriate for outdoor playground play must be worn each day. Please apply sunscreen at home each morning before camp. We do our best to re-apply sunscreen but ultimately it is the parents' responsibility to make sure the child is protected before camp starts. If you DO NOT want us to apply sunscreen on your child you must notify us in advance. We always appreciate sunscreen donations to help us help your children stay protected!!!!

BEFORE/AFTER CARE: Every day from 7:30-9:00 AM and 4:00 – 6:00 PM will be quiet play time for all campers as they wait to be picked up. Please send to camp with your child items such as books and other quiet and/or relaxing games to keep them entertained while they wait to be picked up. *H Z'Xn l n('Mjn, 'ZjZV'xl byM'VWk uE* Your child will also have opportunities for arts and crafts projects and continued supervised training during extended hours.

Some campers may participate in the evening capoeira class if the parent/child chooses to do so (Ask us for details).

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DROP OFF AND PICK UP: All campers must be signed in and out each day at the front desk. If you are running late in the morning please call the academy at (561) 737-3425 to let us know.

Please arrive no later than 6:00 pm. Our program ends at **6:00pm**, but we are *Z. {Zl Xb`* our pickup hours as we understand that will sometimes be delays, so we are giving you *M Z. {xMÚ'k b | {Zy* to arrive without being charged. If any time you pick up your child on or after **6:15 pm** you will be subject to the late fee. For every 15 extra minutes that you are late there will be a charge of **\$10**. All charges will be automatically processed using your credit card or bank account on file.

DISCIPLINE: Our number one rule is **RESPECT**. 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. Parents will be informed if their child's behavior is disruptive and will be expected to work cooperatively with the CKCAC staff to correct the behavior. CKCAC reserves the right to dismiss a child from the program when behavior problems continue to disrupt the program and/or the camper is not able to positively function within our group size and counselor-to-camper ratio. There is no refund for a child who is asked to leave camp.

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.

SICK POLICY: No child is to be brought to camp in the morning with any of the following symptoms: high fever, diarrhea, vomiting, abnormal behavior. If in doubt about your child, please keep your child at home. If your child exhibits any of these symptoms during camp, you will be called to come pick up your child as soon as possible. Please alert the office when your child develops a communicable disease (chicken pox, etc.) so that we can notify the other families.

I have read, understand and agree to all terms outlined in this rules and regulations packet.

Parent name: _____ **Date:** _____



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Sign and complete this form to authorize Capoeira Karkara Cultural Arts Center, Inc. (CKCAC) to make necessary debit(s) to your bank account or credit card.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for this transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

\$20 Registration Fee for new members, this is a one time fee

- Attending Spring Camp (March 19 - 22 - Monday - Friday)**
 - \$240**
 - \$190 (After School Member Only)**
- Day Camp Monday March 25th**
 - \$45**
 - Included for After School Member (No Additional Fee)**
- Payment In Full**
- \$50 Deposit - Upon Registration remaining balance collected on 3/15/19**
 *\$50 deposit is only an option until 3/1/19, any registrations after 3/1/19 mut be paid in full.

DO YOU NEED EXTENDED HOURS? (THERE IS NO EXTRA CHARGE BUT YOU MUST PRE-REGISTER)

MORNING (7:30-9 am)

AFTERNOON (4-6pm)

BOTH (Morning & Afternoon)

Checking/ Savings Account (Preferred Method)

Credit Card

Checking Savings


Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



Visa MasterCard

Amex Discover

Cardholder Name _____

Account Number _____

Exp. Date _____

CVV (3 digit number on back of card) _____

Billing Zip _____

SIGNATURE _____ **DATE** _____

CAPOEIRA KARKARA CULTURAL ARTS CENTER, INC. (CKCAC) is a 501(c)(3) non-profit organization. All proceeds from the sale of tickets and merchandise are used to support the organization's mission. We are not responsible for any loss or damage to your account or credit card. This form is valid for one year from the date of signing. If you have any questions, please contact us at (561) 737-3425 or www.capokusa.com.