



Karkara Kids Capoeira Summer Camp 2019

Personal Information & Waiver

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? _____

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 food allergies



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Name(s) _____

As legal parent/guardian(s), I/We hereby give the above student permission to participate in Capoeira Karkará's programming including camp, classes, workshops and all indoor and outdoor sports, 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 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 understand that CKCAC 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 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.

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.

x☞ **Parent/Guardian Signature** _____ **Date:** _____

PHOTO/MEDIA RELEASE

I understand that Capoeira Karkará 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.

x☞ **Parent/Guardian Signature** _____ **Date:** _____

TRANSPORTATION

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

x☞ **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.

x☞ **Parent/Guardian Signature** _____ **Date:** _____



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Registration Enrollment Form

Student's Name: _____ Registration Date: ____/____/____

CHOOSE YOUR SPECIALTY TRACK for your child to specialize in on top of Capoeira

() MARTIAL ARTS (Grappling, KickBoxing, Martial Arts Conditioning)

() PERFORMANCE (Yoga Acrobatics, Juggling, Dance styles such as Maculele, Brazilian Fit Dance and other cultural dance forms)

YOU MUST PRE-REGISTER for Extended Hours BUT THERE IS NO ADDITIONAL COST TO YOU!

() MORNING (7:30-9 am) () AFTERNOON (4-6pm) () BOTH (MORNING & AFTERNOON

CAMP WEEKLY RATE INCLUDES ALL FIELD TRIP FEES, EXTENDED HOURS

7:30a-6p:

	<i>UNTIL APRIL 1</i>	<i>AFTER APRIL 1</i>
<i>CURRENT MEMBERS</i>	\$200.00	\$215.00
<i>NON-MEMBERS</i>	\$215.00	\$230.00

SPECIAL DISCOUNTS! Pay as low as \$170 weekly!

**If you sign up by April 1 and all discounts below apply*

Take an additional 5% off your weekly rate for ALL that apply - save up to 15%:

- Siblings
- All 9 weeks
- Payment in full*

**must be paid in full at time of registration for a minimum of 5 weeks of camp*

Registration Fee - Includes 2 camp T-shirts & a camp bag

\$40.00 for KRC and AS students **\$60.00** for new students

Camp shirt must be worn every day to camp. Additional shirts are available for \$15.00

Registration Fee (non-refundable) & Tuition Deposit of \$30 per week (non-refundable) or

Payment in Full must be collected in order to process your registration request. Tuition Deposit will be applied to your weekly balance. Weekly rate is set at the time of registration. Any additional weeks added later will be billed at the rate that is valid at that time.

Select Sessions: **() All 9 Weeks!!**

() June 3-7 () June 24 - 28 () July 15-19 () July 29 - Aug 2

() June 10-14 () July 1-5 No camp on July 4th

() June 17-21 () July 8-12 () July 22-26

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



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Payment Authorization Form

Please complete the information below:

Student's Name: _____ Date: _____

I _____ authorize **Capoeira Karkara Cultural Arts Center, Inc.** To charge my preferred method indicated below from my account or credit card for the amount(s) and date(s) indicated below:

1.) Full Payment Option (Best Option)

() \$ _____ full payment for _____ weeks

Registration Fee + (# of weeks)

2.) Partial Payment Option

() \$ _____ deposit for _____ weeks

Registration Fee + (\$30/week Deposit x # of weeks) with weekly payments of _____ to be paid on the Friday before each week I am registered for until paid in full.

Checking Savings **ON FILE**

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____

Visa MasterCard

Amex Discover **ON FILE**

Cardholder Name _____

Account Number _____

Exp. Date _____

CVV (3 digit number on back of card) _____

Billing Zip _____

Email _____

SIGNATURE _____ **DATE** _____

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 **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/camp session. The registration fee and tuition deposit are non-refundable. If you voluntarily withdraw from camp, and you have paid in full or have authorized us to charge your bank account or card for your payment, your money will be refunded in the following manner: Two weeks (or more) prior to beginning a session: 75% refund. 1 - 2 weeks prior to the session: 50% refund. No refunds will be granted within one week of camp start or if the session has begun. I certify that I am an authorized user of this credit card/bank account and that I will not dispute the payment with my credit card company/bank; provided the transactions correspond to the terms indicated in this authorization form. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) 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 NSF.



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