



Karkara Kids Capoeira Summer Camp 2023

Personal Information & Waiver

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

Address: _____

Email Address: _____

Parent Name: _____ Cell Phone: _____

Parent Name: _____ Cell Phone: _____

Who does the child live with? _____

Date of Birth: ____/____/____

New Student Current 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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Student 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 on 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: _____

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: ____/____/____

EXTENDED HOURS - EXTRA \$20 WEEKLY for either AM or PM (\$40 for both)

() MORNING (8:00-9 am) () AFTERNOON (4-5 pm) () BOTH MORNING & AFTERNOON

CAMP WEEKLY RATE INCLUDES ALL FIELD TRIPS:

EARLY BIRD SPECIAL DISCOUNT until May 1st!

CURRENT MEMBERS	\$260.00 - per week
NON-MEMBERS	\$275.00 - per week

5% Discount for Siblings

5% Discount - PAYMENT IN FULL FOR ALL 4 WEEKS (cash or check only)

Starting May 1, rates increase to \$280 weekly (members), \$295 weekly (non-members)

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

\$50.00 for Members \$70.00 for Non- Members

Camp T- 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 4 Weeks**

() June 5-9 () June 12-June 16 () June 19-23 () June 26- June 30

Circle your child's shirt size:

S

M

L

Other (Adult Size) _____



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Payment Authorization Form

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

() \$ _____ Full Payment for _____ Weeks
Registration Fee + (# of weeks)

2.) Partial Payment Option

() \$ _____ Deposit plus Registration for _____ Weeks

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

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. 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 camp session. 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 an additional \$15 charge for NSF. The registration fee and tuition deposit are non-refundable. A 30% refund will be given if you withdraw up to 2 weeks prior to the camp. Any charges not applied to your account will be billed less the 30% as scheduled. Any cancellations within 2 weeks of camp start date will be given no refunds and all bills not resolved will be billed in full. Facility, Staff, & Camp expenses are planned ahead of time and around the number of participants.