

Capoeira Irmandade- San Jose -- Capoeira Teen / Kids Release Form

FORM MUST BE COMPLETED IN ORDER TO BE ELIGIBLE FOR MEMBERSHIP

Application Date: / /
Previous Member: Yes - No

PLEASE PRINT CLEARLY & PLEASE PROVIDE A VALID EMAIL ADDRESS!!

Full Name: Gender (circle one): Male - Female
Address: Birthplace:
City: Birthdate: / / Age:
State: ZIP: Phone: () -
Email:

EMERGENCY CONTACTS

Name: Name:
Phone: Phone:

Please fill in the name(s) of the parent(s) the member lives with, their contact(s) and Cell Phone number(s):

Name: Name:
Relationship: Relationship:
Home Phone: Home Phone:
Cell Phone: () - Cell Phone: () -

Please list any medical information we should know about this member

(allergies, medication, medical #, etc.):

Insurance Carrier: Medical Card #:

Family Doctor's Name: Phone: () -

Has the member had any prior experience with capoeira? Yes - No If yes, where?

With whom? For how long?

How did you find out about us?

- Flyer Internet Walked By Friend Event Publication Other

PLEASE READ CAREFULLY

I hereby give permission for my child to be photographed, videotaped and/or interviewed for use by **Capoeira Irmandade** in promotional materials.

Read & Agree (initial) _____

I hereby give permission for my son/daughter to participate in scheduled activities and performances that may occur off-site at nearby facilities – i.e. parks, schools, etc.

I understand that transportation may be provided and that my child will be accompanied by a staff person. I understand that **Capoeira Irmandade** staff will supervise all activities. For any special events or field trips, you will receive a separate permission slip in advance.

Read & Agree (initial) _____

Capoeira Irmandade's staff does not dispense or store medication of any kind for our participants.

Read & Agree (initial) _____

Capoeira Irmandade will only supervise youth in our building during class times. If your child does not walk home on their own, arrangements should be made to pick them up at the end of their class.

Read & Agree (initial) _____

I do hereby release (for myself, my executors and administrators) and **WAIVE** any and all rights to claims for damages arising from any illness, accident, or occurrence caused by or as a result of my child's participation or connection with **Capoeira Irmandade**, its instructors, agents, representatives, and/or facilities. **Capoeira Irmandade**, its agents, instructors, representatives, and facilities shall not be held responsible by me for the loss or theft of my child's belongings. I have been advised that my child must be in good health to participate in this program and I now declare that my child is in good health. I declare that I have read and understood the foregoing statement and that I have either consulted a physician for my child or voluntarily chosen not to consult a physician before starting or during the course of this program.

Read & Agree (initial) _____

Students are not supervised when they are not in class. They are responsible for their own safety and their own belongings. Students must respect the space, **Capoeira Irmandade** staff and students, and remain quiet and respectful of any class that is in progress. There are **NO DRUGS, NO ALCOHOL, NO WEAPONS OF ANY KIND** allowed in the studio at any time. Any project member who brings weapons, drugs, or alcohol into the studio or comes to the studio under the influence of drugs or alcohol will be removed from the class. **Capoeira Irmandade** is a safe space. Anyone who violates or jeopardizes the safety of the facility will be removed from the program.

_____ has my permission to participate in any activities at **Capoeira Irmandade**.

He/She has been advised regarding **Capoeira Irmandade's** rules and regulations, and we agree to comply to these policies. **Read & Agree (initial)** _____

Participation is contingent upon student's following **Capoeira Irmandade's** expectations and exhibiting positive behavior. **Capoeira Irmandade's** staff reserves the right to suspend or expel a student at any time if those guidelines are not followed.

Parent or Guardian's Signature

I promise to take care of my property, and to respect myself, the building, other members, and staff at all times.

I understand if I do not abide by these rules and principals I will be suspended and/or expelled from **Capoeira Irmandade** facility and its programs.

Member's Signature