



AFTER SCHOOL - ENROLLMENT FORM

Parent Full Name Cell Phone E-Mail Address

Parent Full Name Cell Phone E-Mail Address

Mailing Address City Zip Code

Home Phone Work Phone

Emergency Contact Name Relationship Phone

Name(s) of other person authorized to pickup your child?

Do any of the children have medical conditions / allergies that we should be aware of?

How did you hear about us?

Student information:
Full Name Date of Birth Grade Teacher Name

Which days will your child participate?

School Name: _____

Please note: Capoeira Brazilian Pelourinho abides by the ORANGE COUNTY PUBLIC SCHOOL calendar.





Information & Policies

Payments: Payments are due on the Friday before services are rendered. If payment is not received by the close of business on the Monday or the first day of that week, a \$15 late fee will be automatically applied. If payment information changes, you must notify and update information immediately to avoid any declined payment fee or late charge. There is a \$30 fee for all returned check.

Cancellation: This agreement may be canceled by submitting a written notice 30 days in advanced.

ABSENTEEISM: Due to the fact that schools require us to follow a strict pickup schedule, a \$15.00 fee per occurrence, will be assessed for a failure to inform us when we do not need to pick up your child at school. Finding out from the school where your child is takes time and makes us late to the next schools. Please call (401.743.0318 or 407.226.3195) by 10am that day or let us know further in advance when we will not be picking up your child at school. Thank you for your cooperation! **Please Initial:** _____

Refunds: There are no refunds or prorated credits for missed sessions due to sickness, vacation, or any other reason.

Uniforms: Uniforms are required for all Capoeira classes. Students not wearing their full uniform may not be able to participate in class or other activities.

After School Snack: Please pack a healthy snack to send with your child each day.

Student Pickup: A person that has been designated, as an “authorized person” on registration form, must sign out your child each day.

Pickup Time: Students may be picked up as late as 6:30pm at no additional cost. Students picked up later than 6:30pm will be charged \$10 per 15 minutes late.

Inclement Weather: On days public schools are closed due to inclement weather, we will be closed. If public schools closed mid-day, it is the parent’s responsibility to retrieve their children and care for them.

Photo / Video: Parent/student understands and give permission to Capoeira Brazilian Pelourinho (CBP) & Capoeira for Tomorrow (CFT) to be photographed / video recorded and published or used in any lawful purpose. The business all rights of ownership to any video and photographs taken during classes, events, demonstrations, or any other activity in connection CBP & CFT.

Part Time Program: If enrolled in the After School program part-time, please understand that your space is not guaranteed; only full time students are guaranteed a space in the program. If all spots are taken, you will be given preference and be offered a full time spot before a new enrollee is accepted.

Holidays / School Closures: When school is closed for two or more days in a given week, the weekly fee will be \$25 per every day school is open. Typically, during teacher workdays and certain holidays, CBP provides a day camp open to all students.

Personal Belongings: CBP & CFT staff & volunteers shall not be responsible for damaged, lost or stolen articles, inside or outside the facility.

Cell Phone: Students with cell phones are permitted to use their phone to call parents after school in the van. Once arrived at the academy, students will not be allowed to play with phones or other electronics.

Please note: We abide by the ORANGE COUNTY PUBLIC SCHOOL calendar.

I have read and agree to the following terms and confirm information provided is correct.

Name: _____ Signature: _____ Date: _____





Recurring Payment Authorization Form

Please complete and sign this form to authorize Capoeira Brazilian Pelourinho, Inc or Capoeira for Tomorrow to make regularly schedule charges to your Visa, MasterCard, Discover, or Bank Account. By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated dates. Please note that any late or declined payment fee may change the amount of your schedule payment. If payment information changes, please notify us and update information immediately to avoid any declined payment fee or late charges.

Please complete the information below:

I _____ authorize Capoeira Brazilian Pelourinho / Capoeira for Tomorrow, to
(full name)
charge my credit card / bank account indicated below every Friday during the term of this agreement (2017 / 2018 school year) for the amount of \$_____. This payment is for the After School Program.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard AMEX Discover Bank Account

CREDIT / DEBIT CARD:

Cardholder Name _____

Account Number _____

Expiration Date _____

BANK DRAFT:

Bank Name _____

Routing Number _____ Account Number _____

I authorize the above named business to charge the payment type indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described 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 30 days in advance of the date of termination. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE _____

DATE _____





Travel Waiver

I have given _____, a student(s) participating in Capoeira Brazilian Pelourinho / Capoeira for Tomorrow classes, after school program, camps, and/or other programs permission to travel to and from Capoeira Brazilian Pelourinho and participate in the After School Program and other field trips and events as part of Capoeira Brazilian Pelourinho activities. I understand that, by signing this WAIVER, I am giving my express consent and permission for employees or persons designated by Capoeira Brazilian Pelourinho to transport my child to and from Capoeira Brazilian Pelourinho events and trips in Capoeira Brazilian Pelourinho-owned vehicles, leased vehicles, or any other private vehicles.

I understand that transportation is being made available as a courtesy in order to ensure that my child has the opportunity to participate in the event. I further understand and agree, for my child, and myself that neither the Capoeira Brazilian Pelourinho / Capoeira for Tomorrow nor any of their directors, officers, employees, agent or volunteers shall have any liability for any injury or damage to my child's person or belongings, whether the result of negligence or any other cause, arising out of or relating to transportation of my child to or from events related to or sponsored by Capoeira Brazilian Pelourinho / Capoeira for Tomorrow.

Parent Name: _____

Signature: _____ Date: _____

Printed Name of Participant(s): _____





Liability Waiver

In consideration of being permitted to participate in any way in a Capoeira Brazilian Pelourinho (hereinafter referred to as CBP) / Capoeira for Tomorrow (hereinafter referred to as CFT) class as indicated below and/or being permitted to enter for any purpose any restricted area (here in defined as any area where in admittance to the general public is prohibited), the participant or the parent(s) and/or legal guardian(s) (if participant is a minor) named below agree:

- 1) I/We fully understand and acknowledge that:
 - a. There are risks and dangers associated with participation in martial arts classes and other activities, which could result in bodily injury partial and/or total disability, paralysis and death. I /We RELEASE and hold harmless, CBP & CFT officers, instructors and assistants from all liability for my personal safety.
 - b. There may be other risks not known to us or are not reasonably foreseeable at this time.
- 2) I/WE accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releasees named below.
- 3) I/We HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE CBP/CFT, its owners, their directors, instructors, assistants, volunteers, the martial arts facility used by the participant, including it owners, managers, promoters, lessees of premises used to conduct the martial arts event or program, premises and event inspectors, underwriters, consultants and others who give recommendations, directions or instructions to engage in risk evaluation or loss control activities regarding the martial arts facility or events held at such facility and each of them, their directors, officers, agents, employees, all for the purpose herein referred to as "Releasee". From all liability to the undersigned, my/our personal representatives, assigns, executors, heirs and next to kin For any and all claims, demands, losses or damages and any claims or demands therefore on account of any injury, including but not limited to the death of the participant or damage to property, arising out of or relating to the events(s) caused alleged to be caused in whole or in part by the negligence of the releasee or otherwise.
- 4) I hereby give my consent to CBP & CFT, its instructors, employees, volunteers, or any emergency Personnel to administer necessary treatment to me or my child in the event of an emergency and to transport him/her by ambulance if the situation warrants. I assume all costs associated with any medical care, treatment, or transportation.
- 5) I/we assume all risks and hazards incident to such participation including transportation to and from the activity; and I/we do hereby waive, release, absolve, indemnify and agree to hold CBP & CFT, the organizer, sponsors, supervisor, participants and person transporting myself and / or my child(ren) to and from activities, from any claim arising out of injury to myself or my child, whether the result of negligence or any other cause. I give permission for my child to attend field provided by the Capoeira Brazilian Pelourinho with transportation provided through a third party or a CBP & CFT vehicle.
- 6) I, the enrollee or the member, irrevocably authorize CBP & CFT and those acting under it's authority, to copy, use, publish, advertising, trade, or any other lawful purpose whatsoever, photographic portraits, pictures or videotapes of me, in which I may be included in whole or in part.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT AND I FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Parent Name: _____

Signature: _____ Date: _____

Printed Name of Participant(s): _____

