



Capo Capoeira Summer Camp 2017 Registration Packet

Thank you for your interest in our best ever *CAPO KIDS FUN SUMMER CAMP 2017!* Your child will have a blast, get plenty of exercise and have fun in a positive, nurturing environment. Aside from instruction in Capoeira, self-defense, music, acrobatics and Portuguese language, we will be doing fun activities, arts and crafts, games, and going on daily field trips to fun places for kids of all ages. Our curriculum is designed to enrich the life of each camper, not only physically, but also mentally and socially. By the end of summer, your child will be fitter, stronger, more focused, and more respectful with better life-skills and self-confidence. In order to offer a summer full of fun and excitement, we are sending this packet with all of the information you will need. Our hope is to answer any questions that you may have by providing this packet early. Please review it carefully with your camper, complete the application, and return your completed forms to us. If you have any questions, please feel free to contact us.

****We accept children ages 5 – 13. Teen leadership program available for ages 14-18, subject to availability.**

A typical day includes a field trip and workshops in some of the following areas:

- 👉 Capoeira basics and intermediate/advanced training
- 👉 Acrobatics
- 👉 Music: singing, percussion, instruments
- 👉 Flexibility/conditioning
- 👉 Maculelê
- 👉 Portuguese language, Brazilian culture and history
- 👉 Group games to improve communication, team skills, agility, balance, strength, trust & focus
- 👉 Strength, trust, confidence and focus-building activities and games
- 👉 **Other special workshops to be announced**

Daily field trips will include places such as:

- 👉 Trampoline Park
- 👉 Skating
- 👉 Bowling
- 👉 Movies
- 👉 Splash parks
- 👉 Playground
- 👉 Beach
- 👉 Art and Science museums
- 👉 And much more!

We go on field trips every day, at no additional cost to you.

Camp Dates/Times

Capo Kids Camp Summer 2017 will run from Monday, June 12th – August 4th for a total of 8 weeks. We will be closed Tuesday, July 4th for the July 4th holiday.

Capo Capoeira Summer Camp Regular Hours are from 9:00am-4:00pm.
Extended Camp Hours are available from 8:30am-6pm for \$30 extra per week.*

For current students, a discounted rate of \$127 for the unlimited membership will be offered. Students upgraded to the unlimited for the months of **June and July** will be able to take advantage of the “extended camp hours” option, plus will be able to take regular capoeira classes that take place after camp hours, as well as capoeira classes on Saturdays.

Sessions Dates

Session 1: June 12 – July 7
Session 2: July 10 – August 4

Camp Information Packet

The Camp Information Packet contains critical information such as drop-off and pick-up times, what your camper needs to bring to camp, field trip schedule, etc. The Camp Information Packet must be filled out prior to the first day of camp. It will also be available for download on the website and at the front desk prior to the camp start date.



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Camp Pricing

Registration Dates

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.

Camp Dates

Session 1: June 12 – July 7

Session 2: July 10 – August 4

Registration Fee

Registration Fee must be collected in order to process your registration request.

Current/returning students: \$40 per camper (includes 2 camp T-shirts).

New students: \$50 per camper (includes 2 camp T-shirts)**

*Additional shirt: \$20

** If you are enrolled for more than 1 session, or staying for the Extended Camp Hours option, uniform pants are required.

Camp Fees

Options are highlighted below. No additional fees for field trips. *Field trips are included at NO EXTRA COST!*

Register BEFORE MAY 1st and SAVE!

OPTION 1: Session 1 and Session 2 Payment in Full (\$280 savings!)

\$1,400.00 for all 8 weeks (\$175.00 per week/per camper). Must pay **IN FULL** BEFORE May 1st.

OPTION 2: Pay for Either Session before May 1 (\$100 savings!)

SESSION 1: (June 12- July 7) = \$740.00 (\$185 per week/per camper).

SESSION 2: (July 10- August 4) = \$740.00 (\$185 per week/per camper).

OPTION 3: Pay By the Week (Save \$20/week)

\$190.00 per camper. Must pay a \$50 non-refundable down payment per week before May 1st and remaining weekly balance due on the Friday before the week of attendance.

Register on or after MAY 1st:

OPTION 1: Payment in Full (\$160 savings)

\$1,520.00 for all 8 weeks (\$190.00 per week/per camper). Must pay **IN FULL** between May 1st & June 9th.

OPTION 2: Pay for Either Session (\$40 savings!)

SESSION 1: (June 12- July 7) = \$800.00 (\$200.00 per week/per camper).

SESSION 2: (July 10- August 4) = \$800.00 (\$200.00 per week/per camper).

OPTION 3: Pay By the Week

\$210 per camper. If you choose the weekly payment option, all weekly balances must be paid in full by the Friday before the week of attendance.

OPTION 4: By the Day (Daily option will be offered and confirmed the Friday before each week of camp, if space is available)

\$55 (8:30am – 6pm)

Registration for Daily Option : Current students:\$20, New students:\$30 (includes 1 camp shirt)

**Extended Camp Hours option fee is \$30/week.*

Current students will be offered a discounted rate of \$127/month for unlimited membership for the months of June and July if they will be attending summer camp during that month.

If you are on our unlimited membership for JUNE AND JULY, your extended care is included.

5% sibling discount

Price does not include lunches or snacks. Does include all field trips!



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Child's Name: _____ Date: _____
First Name Last Name

Date of Birth: _____ Age: _____ Sex: _____ Email: _____

Address: _____
Street City State Zip

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

How did you hear about us: _____

Child Lives With:	<input type="checkbox"/> Both Parents	Authorized to pick up Child:	<input type="checkbox"/> Both Parents
	<input type="checkbox"/> Mother		<input type="checkbox"/> Mother Only, Not Father
	<input type="checkbox"/> Father		<input type="checkbox"/> Father Only, Not Mother
	<input type="checkbox"/> Guardian		<input type="checkbox"/> Guardian
	_____ <small>Name Relationship</small>		_____ <small>Name</small>

Name of anyone else authorized to pick up your child: _____

Medical History:

Allergies: _____

Reactions: _____

Does your child take any medications?: _____

History of Illnesses: _____

History of Injuries: _____

INITIAL I agree to give Capo Capoeira permission to administer Children's Tylenol/Ibuprofen to my child the event he/she is running a fever in an emergency situation and a parent is not available.

INITIAL I give permission for my child to participate in all activities at Capo Capoeira including field trips.

Child's Physician: _____ Phone: _____

Insurance Company: _____ ID: _____

Special instructions regarding eating habits, fears, possible areas of concern, that will better help us understand your child's individual needs: _____

Can your child swim?: _____



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Child's Name: _____

Summer Camp 2017

Please indicate which sessions you are attending.

<input type="checkbox"/> Both Sessions (June 12- August 4) SAVE \$\$\$	<input type="checkbox"/> Session 1 (June 12- July 7) OR by the week	<input type="checkbox"/> Session 2 (July 10- August 4) OR by the week
<p>Save \$\$\$\$ when you pay for the Entire Summer in full</p> <input type="checkbox"/> Extended Care Option	<input type="checkbox"/> Week 1 (JUN 12-16) <input type="checkbox"/> Extended Care Option <input type="checkbox"/> Week 2 (JUN 19-23) <input type="checkbox"/> Extended Care Option <input type="checkbox"/> Week 3 (JUN 26-30) <input type="checkbox"/> Extended Care Option <input type="checkbox"/> Week 4 (JUL 3-7) <input type="checkbox"/> Extended Care Option	<input type="checkbox"/> Week 1 (JUL 10- 14) <input type="checkbox"/> Extended Care Option <input type="checkbox"/> Week 2 (JUL 17- 21) <input type="checkbox"/> Extended Care Option <input type="checkbox"/> Week 3 (JUL 24-28) <input type="checkbox"/> Extended Care Option <input type="checkbox"/> Week 4 (JUL 31-AUG 4) <input type="checkbox"/> Extended Care Option

To Reserve Your Spot

1. Pay in full *or*
2. Pay a \$150.00 down payment for entire summer *if paying by week.*
3. Pay a \$50.00 down payment per week for individual weeks.

Registration Deposit

For those who do not pay in full for camp at the time of registration, a \$150.00 deposit is required upon registration to reserve your spot for all 8 weeks. If attending only 1 or more weeks, a \$50.00 deposit per week, per child is required. Deposits are applied to the camp balance (reflected in your last payment) and are non-refundable (no exceptions). Your total down payment will not exceed \$100 unless your child is attending 3 or more weeks of camp.

Payment and Refund Policy

For the registration fee, down payment, and camp payment, you may pay by any major credit or debit card, cash, or check made out to: **Capo Capoeira**. If choosing the weekly payment option, your payment in full must be received by the Friday before the session you are registering for. You may set up automatic weekly payments with a major credit or debit card.

The registration fee and down payment are non-refundable. 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 a session: 75% refund. One week prior to the session: 50% refund. No refunds will be granted once a session has started. In the event of inclement weather, camp may be cancelled and no refunds will be given. We will contact you to let you know in advance if we will be closed for camp due to severe weather conditions.

Signature of Parent or Guardian _____

Date _____



Capo Capoeira Summer Camp 2017 Registration Packet

Camper/ Student Name _____ Date of Birth _____

Parent/Guardian Name _____ Phone Number _____

As legal parent/guardian(s), I/We hereby give the above student permission to participate in Capo Capoeira's Summer Camp programming including classes, workshops and all indoor and outdoor sports, field trips and related activities. In consideration of our child's right to participate in Capo Capoeira's activities, I/We hereby waive, release and discharge any and all rights or claims which I/We may have against Capo Capoeira. (herein called CAPO), their respective subsidiaries, affiliates, directors, officers, employees, members, staff and independent contractors as a result of our child's participation in CAPO's program. Further, I/We agree to defend, indemnify and hold CAPO 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 CAPO'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.

Initials _____ Date _____

TRANSPORTATION

I give permission for my child to participate in off-site field trips for classes, after school program, and/or summer/spring break camp activities. I understand that, by signing this WAIVER, I am giving my express consent and permission for employees or persons designated by Capo Capoeira to transport my child to and from Capo Capoeira events and trips in Capo Capoeira-owned vehicles, leased vehicles or private vehicles.

I understand that Capo Capoeira will provide transportation to and from these events and I release CAPO of all liability during such times.

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. However, I am aware that my child is not required to accept the transportation being offered. I further understand and agree, for my child, and myself that neither the Capo Capoeira nor any of their directors, trustees, 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 Capo Capoeira.

Initials _____ Date _____

In the event of a serious accident or illness, I request that CAPO contact me. If I cannot be reached, CAPO 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 CAPO, I request that CAPO 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: _____

Primary Doctor : _____ Phone Number: _____

Health Insurance Carrier: _____ Policy Number: _____

Emergency Contact 1: _____ Phone Number: _____

Emergency Contact 2: _____ Phone Number: _____



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Summer Camp Acknowledgements

CAMP TIMES: Daily 9:00am- 4:00pm. Extended hours are available from 8:30am-6:00pm for an additional \$30/week when paid with weekly tuition. For students on unlimited monthly memberships, extended care is included. _____ **(INITIAL)** **If you need a later pick up, please inquire at the front desk.**

DROP OFF AND PICK UP: All campers must be checked in and out each day at the front desk. If you are running late in please call the academy at (954) 755-9424 to let us know. _____ **(INITIAL)**

ABSENCE: Please contact us by 9:00am if your child will not be attending camp on a certain day. _____ **(INITIAL)**

UNIFORM: All campers are REQUIRED to wear the Camp Capoeira shirt every day to camp and to all off-site trips. If a Camp shirt is forgotten and it is a field trip day one will be provided at a cost of \$20.00 and charged to your account. Comfortable, loose shorts or pants may be worn. No skirts please. If you do not wear your uniform pants and cord to camp please bring them daily for specific classes to be determined by the camp directors. Students not wearing their full uniform/shirt may not be able to participate in class or other activities. Shoes appropriate for outdoor playground play must be worn each day. We will be outdoors almost every day (weather permitting), please have our child wear sunscreen. _____ **(INITIAL)**

LUNCH & SNACK: Please pack a healthy lunch and snacks (2) to send with your child each day. The children get very hungry with all the activities we do. In the event a lunch is not provided, a 6" Publix sub will be provided at a cost of \$15 and will be charged to my account. _____ **(INITIAL)**

FIELDTRIPS: We are including *SPECIAL FIELD TRIPS EVERYDAY* at **NO EXTRA COST**. When instructed, please pack a bathing suit and towel. _____ **(INITIAL)**

SICK POLICY: No child is to be brought to camp in the morning with any of the following symptoms: high fever, diarrhea, vomiting, and/or 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 pick up your child as soon as possible. Please alert the front if your child develops a communicable disease so that we can notify the other families. _____ **(INITIAL)**

PHOTO / VIDEO: The parent/student understands and gives permission to Capo Capoeira (referred to herein as CAPO) to be photographed / video recorded and published or used in any lawful purpose. Capo Capoeira retains all rights of ownership to any video and photographs taken during classes, events, demonstrations, or any other activity in connection with Capo Capoeira. _____ **(INITIAL)**

PERSONAL BELONGINGS: CAPO employees & volunteers shall not be responsible for damaged, lost or stolen articles, inside or outside the facility. We prefer all electronics be left at home. I pod and handheld device use will only be allowed during specific times at extended hours only. _____ **(INITIAL)**

MOVIES: Campers will only view movies that have a rating of G or PG. I give permissions for my child to watch these movies. _____ **(INITIAL)**

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 CAPO staff to correct the behavior. CAPO reserves the right to dismiss a child from the program when behavior problems continue to disrupt the program. There is no refund for a child who is asked to leave camp.

Name: _____ Signature: _____ Date: _____



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Summer Camp Tuition Agreement

PLEASE READ AND INITIAL IN THE SPACE PROVIDED: It is intended to fully inform you as to our standard of operating procedures in regard to registration, weekly payments, late charges, vacation credits, and summer policies.

REGISTRATION: A \$40 registration fee for current students/\$50 registration fee for new students is due at the time of registration. This fee includes two camp shirts. (Daily students will be responsible for a \$20 registration fee for current students or \$30 registration fee for new students (includes 1 camp shirt0). _____ **(INITIAL)**

DEPOSIT: If I am not paying in full, or by session, and wish to reserve weeks, a \$50/week deposit is due (up to \$150). This non-refundable deposit and registration fee includes processing of application, field trip deposits, insurance, and supplies. As a result, no refunds will be given. _____ **(INITIAL)**

PAYMENTS: Tuition payments are due on the Friday prior to each camp session/week. If payment is not received at 6:00pm, the account will be accrued a \$20 late charge/child. _____ **(INITIAL)**

REFUND POLICY: The registration fee and down payment are non-refundable. 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 a session: 75% refund. One week prior to the session: 50% refund. No refunds will be granted once a session has started. In the event of inclement weather, camp may be cancelled and no refunds will be given. We will contact you to let you know in advance if we will be closed for camp due to weather conditions.

SICK POLICY: There will be NO credit applied for illness or school scheduled holidays. This policy is strictly enforced due to the fact that your child's place is being reserved and all associated expenses still exist. _____ **(INITIAL)**

RETURNED OR DECLINED PAYMENT: In the event of a returned check or declined payment, a \$30 fee will be charges and we reserve the right to require cash payments on t he account thereafter. _____ **(INITIAL)**

FIELDTRIPS: We are including *SPECIAL FIELD TRIPS EVERYDAY* at **NO EXTRA COST**. When instructed, please pack a bathing suit and towel. _____ **(INITIAL)**

LATE PICKUP: Camp ends at 4:00 pm, or 6:00 pm if you have chosen the extended hours. If you child is on our unlimited membership **AND** they are age 9 and taking the 3rd class on Mondays and Fridays, you can pick them up at 7PM on these days. We allow a 15 minute window if you have not paid for extended care option/ or are on an unlimited membership. If you are more than 15 minutes late to pick up your child, a \$10/half hour will be charged to your account. **If you need a later pick up every day, please inquire at the front desk.** _____ **(INITIAL)**

Camper Name: _____

Parent Name: _____

Signature: _____ **Date:** _____



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CREDIT CARD AUTOPAY

Here's How Recurring Payments Work: You authorize regularly scheduled charges to your Visa, MasterCard or Bank Account. You will be charged the amount indicate below each billing period. A receipt will be emailed to the email address we have on file. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 5 days prior to the payment being collected.

Please complete the information below:

I _____ authorize Capo Capoeira to charge my credit card _____ plus \$25 for any extended care option checked, on the Friday before each week that my child attends summer camp.

- Week 1 (JUN 12-16)**
 - Extended Camp Option (\$30)
- Week 2 (JUN 19-23)**
 - Extended Camp Option (\$30)
- Week 3 (JUN 26-JUN 30)**
 - Extended Camp Option (\$30)
- Week 4 (JUL 3-7)**
 - Extended Camp Option (\$30)
- Week 5 (JUL 10-14)**
 - Extended Camp Option (\$30)
- Week 6 (JUL 17-21)**
 - Extended Camp Option (\$30)
- Week 7 (JUL 24-28)**
 - Extended Camp Option (\$30)
- Week 8 (JUL 31-AUG 4)**
 - Extended Camp Option (\$30)

Billing Address _____
Phone# _____
City, State, Zip _____
Email _____
Account Type: Visa MasterCard
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV2 (3 digit number on back) _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until the end of the payment term indicated above. The registration fee and down payment are nonrefundable. If you voluntarily withdraw from camp, and you sign this form, your money will be refunded in the following manner: Two weeks prior to beginning a session: 75% refund. One week prior to the session: 50% refund. No refunds will be granted once a session has started. 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. 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; provided the transactions correspond to the terms indicated in this authorization form.

Full Name: _____ **Signature:** _____ **Date:** _____



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CREDIT CARD AUTHORIZATION

Please complete the information below:

I _____ authorize Capo Capoeira to charge my credit card \$50/WEEK OF CAMP UP TO \$150, plus the Registration Fee of \$30 (Returning Student/Camper)/\$85 (New Camper) for the weeks checked.

- Deposit for Week 1 (JUN 12-16)
- Deposit for Week 2 (JUN 19- 23)
- Deposit for Week 3 (JUN 26- 30)
- Deposit for Week 4 (JUL 3- 7)
- Deposit for Week 5 (JUL 10- 14)
- Deposit for Week 6 (JUL 17- 21)
- Deposit for Week 7 (JUL 24- 28)
- Deposit for Week 8 (JUL 31- AUG 4)

I _____ authorize Capo Capoeira to charge my credit card _____ for payment in full for Session 1 or Session 2, or both Sessions in addition to plus the Registration Fee of \$40 (Returning Student/Camper)/\$50 (New Camper).

Both Sessions (JUN 12- AUG 4) IN FULL

Extended Care Option (\$240)

Session 1 (JUN 12- JUL 7) IN FULL

Extended Care Option (\$120)

Session 2 (JUL 10- AUG 4) IN FULL

Extended Care Option (\$120)

Billing Address _____
Phone# _____
City, State, Zip _____ Email: _____
Account Type: Visa MasterCard
Cardholder Name _____
Account Number _____ Expiration Date _____
CVV2 (3 digit number on back) _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. The registration fee and down payment are nonrefundable. If you voluntarily withdraw from camp, and you sign this form, your money will be refunded in the following manner: Two weeks prior to beginning a session: 75% refund. One week prior to the session: 50% refund. No refunds will be granted once a session has started. 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. 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; provided the transactions correspond to the terms indicated in this authorization form.

Full Name: _____ **Signature:** _____ **Date:** _____



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Thank you for choosing CAPO CAPOEIRA'S SUMMER CAMP 2017! Your child will have a blast, getting plenty of exercise and having fun in a positive, nurturing environment. Aside from instruction in Capoeira, dance, music, acrobatics, Portuguese Language, and more, we will be doing fun activities, arts and crafts and games and going on field trips to fun places for kids of all ages!

Required Daily for Each Camper

All personal items to be marked with the camper's name.

*Capoeira uniform

*One additional Camp Capo Capoeira t-shirt

*Hat

*Sneakers and socks

*One bag large enough to hold all belongings (including lunch)

* Filled water bottle

*Waterproof sunscreen SPF 30 or above

(Sunscreen must be applied before arriving to camp every day, we will reapply at lunch)

*Nutritious, well-balanced packed lunch with drink and at least two healthy snack (the children get very hungry)

*Full change of clothing stored in a sealed zip lock bag in camper's backpack

We have many activities planned and strongly recommended that campers do not bring any money.

All activities that would require things like arcade tokens are included in the tuition.

The probability of lost or broken items is very high. Personal items (shirts, towels, phones, music players, cameras, etc.) are brought to the school at your own risk.

Suggested Items

*Extra water bottle

*Spare bathing suit and towel

*Water shoes or flip flops