



CAPO
CAPOEIRA
Mestre Mangueira

Capo Capoeira Spring Camp 2016 Registration Packet

Thank you for your interest in our best ever *CAPO KIDS SPRING BREAK CAMP 2016!* Your child will have a blast, get plenty of exercise and have fun in a positive, nurturing environment. Aside from instruction in Capoeira, 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. 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.

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 could include places such as:

- 🎯 Zoo 🎯 Skating 🎯 Bowling 🎯 Mini Golf 🎯 Playground 🎯 Beach 🎯 Flamingo Gardens

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

Camp Dates/Times

Capo Kids Spring Camp 2016 will run from Monday March 21st – Friday March 25th
Camp hours are from 9:00am-3:00pm.
Before and Aftercare hours are available from 8:00am-6pm for \$35 extra per week.

Pricing

PAYMENT: Spring Break Camp hours are 9:00am-3:00pm	\$195.00
Before/After Care 8-9am, 3- 6:00pm	\$35.00

Registration

NO REGISTRATION- Purchase of a camp shirt is required at \$20

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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Thank you for choosing CAPO CAPOEIRA'S SPRING CAMP 2016!

Information & Policies

CAMP DATES: Monday March 21st – Friday March 25th

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.

ABSENCE: Please contact us by 9am if your child will not be attending camp on a certain day.

UNIFORM: All campers are REQUIRED to wear the Capoeira camp shirt every day to camp and to all off-site trips. 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 your child wear sunscreen.

LUNCH & SNACK: Please pack a healthy lunch and snacks (2) to send with your child each day.

FIELD TRIPS: We are including *SPECIAL FIELD TRIPS EVERY DAY* at **NO EXTRA COST** including places such as Calypso Cove, Bowling, Fern Forest Nature Center, Parks, Zoo, and Beach. Please pack a bathing suit as water play will be involved.

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 come pick up your child as soon as possible. Please alert the office when your child develops a communicable disease (chicken pox, etc.) so that we can notify the other families.

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.

PERSONAL BELONGINGS: CAPO employees & volunteers shall not be responsible for damaged, lost or stolen articles, inside or outside the facility.

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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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: _____

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

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

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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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 Spring 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:** _____



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Emergency Contact 2: _____ Phone Number: _____

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, payments, late charges, and sick policies.

PAYMENT: Spring Break Camp hours are 9:00am-3:00pm \$195.00
Before/After Care 8-9am, 3- 6:00pm \$35.00

CAMP SHIRT: A camp shirt is required to attend camp. Camp shirts are \$20. If your child does not have his camp shirt on or bring it with him to camp, a camp shirt will be provided to them and your account will be charge \$20.00. This is for your child's safety as they will be recognized as part of our group when we are offsite. _____ (INITIAL)

DEPOSIT: A \$50 deposit is due at the time of registration. This non- refundable deposit and registration fee (if applicable) includes processing of application, field trip deposits, insurance, and supplies. As a result, no refunds will be given. _____ (INITIAL)

PAYMENT: The remaining balance is due on Monday March 14. If payment is not received by 6:00pm, your deposit and your child's spot in our spring break camp may be forfeited. _____ (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: Before March 15, full refund minus registration and deposit. Between March 15 and March 19: 50% refund minus registration and deposit. 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. 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 \$20 fee will be charges and we reserve the right to require cash payments on the account thereafter. _____ (INITIAL)

FIELD TRIPS: 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 3:00pm, or 6:00pm if you have chosen the extended hours, we do allow a 15-minute window. However, if you have not paid for extended care option with your weekly camp tuition and you are more than 15 minutes late to pick up your child, a \$10/half hour will be charged to your account.
_____ (INITIAL)

Camper Name: _____

Parent Name: _____

Signature: _____ Date: _____