



## **Capoeira Policies and Procedures**

### **I. REGISTRATION AND PAYMENTS**

1. Tuition is due after the Intro Week via major credit card on our website.
2. There are no refunds once payment has been processed.
3. **Please arrive 15 minutes prior** to your first class to ensure registration form is received by our staff.
4. Private lessons and special events must be paid for in advance.

### **II. REFUNDS**

1. Tuition fees are non-refundable and non-transferable.

### **III. CANCELLATION**

1. Students can cancel online or via email

### **IV. STUDIO POLICIES**

1. Respect the studio and other people's property.
2. Respect the class that is in session and keep voices low.
3. Always be well mannered and courteous toward others.

### **V. DRESS CODE**

1. Feet must be bare or in appropriate athletic shoes.
2. All students must wear appropriate capoeira uniform, including white abada pants and white uniform shirt (with the exception of new students).
3. Keep uniforms neat and clean.

### **VI. CLASS ETIQUETTE**

1. Please arrive 5 minutes prior to scheduled class time dressed and ready.
2. It is unacceptable to be verbally or physically abusive in any way to instructor or other students.
3. Please inform the instructor if you need to leave class early.
4. In the event that a student or child's behavior is significantly distracting to other class participants, he/she may be asked by the instructor or assistant to observe class until he/she can participate appropriately.

### **STUDENT AGREEMENT**

Abiding by the policies and guidelines outlined above will allow Pathways Arts to provide the best possible service to each student. We appreciate your cooperation.

I have read, understand, and agree to abide by the policies and procedures above.

Initial \_\_\_\_\_

## **Acknowledgement of Risk and Waiver of Liability**

### **INDEMNIFICATION AND RELEASE AGREEMENT**

As the legal representative of \_\_\_\_\_, I understand that capoeira is a martial art, dance, sport, and performing art. I understand that it is a contact activity with an inherent risk of injury. I hereby agree that in consideration of participation in Pathways Arts activities, I shall hereafter and forever fully release and discharge Pathways Arts, Professor Mico, instructors, employees, and all members from any cause of action, claim or liability for damages or expenses, including but not limited to any negligence of said club which may result from the participation in said activities, training, instruction, or related activities. I warrant the individual listed above is in generally good health and physical condition and does not suffer from any latent physical disabilities.

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Signature Date

### **AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION**

I hereby give permission to the instructors, employees, agents, and representatives of Pathways Arts to call a doctor, hospital or medical service to provide emergency medical or surgical care for me while involved in capoeira activities. In the case of an emergency the instructors, employees, agents, or representatives of Pathways Arts will attempt to contact the emergency contact listed in the event of an emergency. I/We will accept the expense of medical or surgical treatment.

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Signature Date

### **HEALTH INFORMATION**

Capoeira is a strenuous physical and mental activity. It requires bodily contact as part of the activities as well as attention, discipline, and focus. For the protection of our students please list any physical, mental, or emotional conditions that may require special attention. This information may be shared with instructors in order to maintain as safe a training atmosphere as possible.

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**STUDENT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Sex: M / F

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name (if under 18 years of age):

\_\_\_\_\_  
Relationship to Student:

\_\_\_\_\_  
Primary Phone Number: (\_\_\_\_) \_\_\_\_\_ Home/Cell/Work

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**EMERGENCY CONTACT**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Student:

\_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_

**VIDEO/PHOTOGRAPH CONSENT**

I/We hereby give permission to be videotaped or photographed during Allied Capoeira League activities, and for the use of videotaping and photography in publication, and/or promotional use related to Allied Capoeira League Gainesville and its programs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**How did you hear about us? Check all that apply:**

- Friend (Friend's name \_\_\_\_\_)
- Facebook
- Google
- Fun4GatorKids
- Other \_\_\_\_\_

Please enter any other relevant information about your or your child that is important for us to know.