



## Capoeira Massapê Gainesville Summer Camp '20 Parent Permission and Student Information

I give my child permission to participate in the Capoeira Massapê Gainesville Summer Camp Program. The Summer Camp operates on 1 week sessions for 10 weeks of Summer\*\* (This summer may be less due to Covid-19 and Alachua County Schools having a shorter summer). To guarantee your child's spot in the camp, payment must be received in full. Spots are given on a first come first serve basis. Weather permitting, we will be taking field trips to Depot Park Splash Pad and other local parks. Please send your child with lunch and snacks for the day.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Phone 1 (Primary)

\_\_\_\_\_  
Phone 2 (Secondary)

\_\_\_\_\_  
E-mail address



### Snacks

With more and more kids developing food allergies, we do not allow the sharing of snacks at our program. We recommend sending extra, healthy snacks with your child as we burn lots of calories throughout the day. Please do not send candy or fast food. Please make sure it is good fuel for all the activity we have! If you would like suggestions just let us know!

### Field Trips and Arrival Time

We will be taking field trips multiple days of the week. Please send \$7 with your child if you would like them to get a snack pack for our movie theater trips. **\*\*Please make sure your child is at camp before 9am. We will be leaving at 9:30 for our field trips. On days with no trips our first class starts promptly at 9am.** If you have something come up and will be late, please call or text 352-219-6106 to make arrangements.

### Release of Liability

I understand the nature of the Summer Camp and that participation is voluntary. I understand that Allied Capoeira League Gainesville and it's staff are not responsible for loss, damage, illness, or injury to person or property as a result of participation in the Summer Camp. I hereby release and discharge Allied Capoeira League and its officers, employees, agents, and volunteers from any and all claims for injury, illness, death, loss, or damage as a result of Summer Camp activities.

\_\_\_\_\_  
Parent/Guardian Name (Print)  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's

### 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 \_\_\_\_\_



