



# Brazilian Cultural Arts Exchange

308 West University Ave Gainesville, FL 32601

## ADULT REGISTRATION FORM

### STUDENT INFORMATION

NAME: \_\_\_\_\_ DATE OF REGISTRATION: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: M\_\_ F\_\_

HM# \_\_\_\_\_ CELL# \_\_\_\_\_ WK# \_\_\_\_\_

ARE YOU A STUDENT? Y/N FULL TIME\_\_\_\_ PART TIME\_\_\_\_

SCHOOL / UNIVERSITY: \_\_\_\_\_ AREA OF STUDY: \_\_\_\_\_

ARE YOU ACTIVE MILITARY? Y/N BRANCH: \_\_\_\_\_

OCCUPATION\* \_\_\_\_\_ COMPANY\* \_\_\_\_\_

E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DO YOU HAVE ANY IMMEDIATE FAMILY TRAINING WITH US? Y / N

WHO? \_\_\_\_\_ PROGRAM: \_\_\_\_\_

\_\_\_\_\_ PROGRAM: \_\_\_\_\_

\_\_\_\_\_ PROGRAM: \_\_\_\_\_

**\*The BCAE believes in networking with our participants whenever possible. We like to support those who support us.**

### EMERGENCY CONTACT

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

DAY PHONE \_\_\_\_\_ EVE. PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_



**STUDENT HEALTH**

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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**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**INDEMNIFICATION AND RELEASE AGREEMENT**

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 the BCAE’s activities, I shall hereafter and forever fully release and discharge the BCAE, Mestre Jelon, and their instructors, agents, officers directors, employees, representatives, 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 that I am in generally good health and physical condition, and that to the best of my knowledge, I do not suffer from high blood pressure, heart ailments, or any other latent physical disabilities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OPTIONAL VIDEO OR PHOTOGRAPHY CONSENT**

I/We hereby give permission to be video taped or photographed during the BCAE’s activities, and for the use of the video taping and photography in publication, and/or promotional use related to BCAE and its programs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date