



# Brazilian Cultural Arts Exchange

308 West University Ave. Gainesville, FL 32601

## STUDENT REGISTRATION FORM FOR MINORS

### STUDENT INFORMATION

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

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

GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

PROGRAMS OF INTEREST \_\_\_\_\_

### PARENT / GUARDIAN INFORMATION

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

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

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

ADDRESS \_\_\_\_\_

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

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

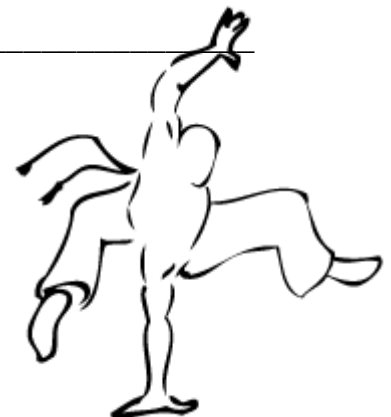
DAY PHONE \_\_\_\_\_ EVE. PHONE \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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

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



# STUDENT HEALTH AND EMERGENCY CONTACT FORM

## EMERGENCY CONTACT

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

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

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

ADDRESS \_\_\_\_\_

## STUDENT HEALTH FORM

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.

---

---

---

---

---

---

---

---

---

---

## AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

I hereby give permission to the instructors, employees, agents, and representatives, of the BCAE, to call a doctor, hospital or medical service to provide emergency medical or surgical care for my child(ren) involved in the class. In the case of an emergency the instructors, employees, agents, or representatives, of the BCAE will attempt to contact the parents / guardians, or emergency contact listed above before any action is taken. I/We (parent/parents) will accept the expense of medical or surgical treatment.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# STUDENT WAIVER AND PHOTO/VIDEO RELEASE FORM

## 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 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 organization which may result from the participation for the child(ren) for whom I execute this waiver, in said activities, training, instruction, or related activities. I warrant that the child(ren) for whom I execute this waiver is/are in generally good health and physical condition, and that to the best of my knowledge, do not suffer from high blood pressure, heart ailments, or any other latent physical disabilities.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## CONSENT TO TAKING AND USE OF VIDEO OR PHOTOGRAPHS

I/We hereby give our permission for the video taping or photographing of my/our child(ren) during BCAE activities, and for the use of the video taping and photography for publication, and/or promotional use related to The BCAE, and their related programs.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date