

CAPOEIRA MORINGA DE BARRO



Registration Form Adult

TODAY'S DATE: _____ SERIES (SUMMER/FALL/WINTER/SPRING) _____

NAME: _____

PHONE: _____ EMAIL: _____

How did you hear about classes with Capoeira Moringa de Barro?

Would you like to be on our Bahia In Motion/Moringa de Barro email list for announcements, classes and workshops? ___Yes ___No. Would you like to join our Facebook community? ___Yes ___No If yes, what is your Facebook name?: _____

EMERGENCY CONTACT INFORMATION:

Contact #1:

Name: _____

Phone: _____ Alternate Phone: _____

Contact #2:

Name: _____

Phone: _____ Alternate Phone: _____

1) Do you have any medical conditions we should be aware of (i.e. diabetes, asthma, epilepsy)?

The information above is accurate and does not provide any false information.

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____

CLASS PAYMENT POLICIES:

-Payment is due in full no later than the first day of the series.

-Payment for the series is non-refundable and non-transferable after the 2nd class of the series.

-You may make up a class missed due to illness, travel or emergency **before the end date of the series** during our other Capoeira class times during the week: Mondays at 6:30pm, Tuesdays at 7:30pm, or Saturdays at 11:30am. (Please note the Saturday class is with more advanced students but Mestre Pitta and the other instructors will design the class based on student level).

-If you are entering the series at a later date than the first class of the series, the series cost is \$16/class total.

Please note this class involves moderate to strenuous activity including high impact aerobic exercises (where blood pressure, heart rate and breathing becomes elevated), stretching, floor exercises, abdominal strengthening exercises, balancing exercises, reflex-training exercises (involving quick movements with sudden change of direction), muscle toning exercises and working with a partner at times, as well as in groups. If at any time you feel uncomfortable with any of the activities during class, please let the instructor know immediately.

If you have any pre-existing medical conditions, please consult your health care provider or physician before participating. Please let the instructors know about any previous limitations, injuries, pain or medical conditions.

I, the undersigned, have read and understand the conditions described regarding Moringa de Barro/Bahia in Motion`s LLC Capoeira Classes. I understand Mestre Pitta (Daniel Nery dos Santos Filho), Aileen Panke, Camille Anthony, Adam Estner, and all other sub-contractors/instructors are not responsible or liable for any injuries or medical conditions that may occur as a result of participating in this Capoeira class.

I understand it is my responsibility to consult with my health care provider/physician before participating in this class if I have a pre-existing medical condition. I ascertain there is no medial reason to prevent my participation in this Capoeira class.

I agree to take full responsibility for not exceeding my personal limits in the class and for any injuries that occur during my participation.

Signature _____
Date

Printed Name _____
Date

