



Registration Form Youth

John Stanford
International School

Today's Date: _____ After-school session: Day/Time: _____

NAME OF STUDENT: _____ Age/Grade: _____

PARENT (S) NAME (S): _____

PARENT (S) PHONE NUMBER (S): _____

PARENT EMAIL (S): _____

EMERGENCY CONTACT INFORMATION:

Contact #1:

Name: _____ Relationship to child: _____

Phone: _____ Alternate Phone _____

Email: _____

Contact #2:

Name: _____ Relationship to child: _____

Phone: _____ Alternate Phone _____

Email: _____

Who is authorized to pick your child up?

NAME: _____ PHONE NUMBER: _____

NAME: _____ PHONE NUMBER: _____

Who is your child's afternoon teacher?: _____

Is your child normally in LSA? (after school care program): Yes____ No____

Does your child normally take a bus home? If yes, please provide their bus #: _____

1) Does your child 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 of Parent

Name of Parent Printed_____

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.

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 your child feels uncomfortable with any of the activities during class, please let the instructor know immediately.

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

I, the undersigned, have read and understand the conditions described regarding Moringa de Barro/Bahia in Motion's LLC's Capoeira classes. I understand Aileen Panke, Mestre Pitta (Daniel Nery dos Santos Filho), Camille Anthony, Naomi Scoggin and all other contracted 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 child's health care provider/physician before participating in this class if my child has a pre-existing medical condition. I ascertain there is no medial reason to prevent my child's participation in this Capoeira class.

Child's Name

Signature of parent or guardian

Date

Printed Name of parent or guardian

Date