



CAPOEIRA MORINGA DE BARRO

Registration Form Youth

SERIES _____ Date: _____

NAME: _____ Date of Birth: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

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

Would you like to be on our Bahia In Motion/Capoeira Moringa de Barro email list for announcements, classes and workshops? ___Yes ___No. Would you like to join our Facebook community? ___Yes___No

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship to child: _____

Phone: _____ Alternate Phone _____

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

2) Is your child on any medications? _____

If yes, what medications? _____

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

Signature of Parent

Date
