



Allied Capoeira League Gainesville Policies and Procedures

I. REGISTRATION AND PAYMENTS

1. Tuition is due prior to introduction session via major credit card, check or cash.
2. After introduction session tuition is due by agreed upon date of each month.
3. There are no refunds once payment has been processed.
4. **Please arrive 15 minutes prior** to your first class to be enrolled in our online billing service.
5. Private lessons and special events must be paid for in advance.

II. REFUNDS

1. Tuition fees are non-refundable and non-transferable.

III. CANCELLATION

1. 30 day written notice must be given for cancellation

IV. STUDIO POLICIES

1. Respect the studio and other people's property.
2. Respect the class that is in session and keep voices low.
3. Always be well mannered and courteous toward others.

V. DRESS CODE

1. Feet must be bare or in appropriate athletic shoes.
2. All students must wear appropriate capoeira uniform, including white abada pants and white uniform shirt (with the exception of new students).
3. Keep uniforms neat and clean.

VI. CLASS ETIQUETTE

1. Please arrive 5 minutes prior to scheduled class time dressed and ready.
2. It is unacceptable to be verbally or physically abusive in any way to instructor or other students.
3. Please inform the instructor if you need to leave class early.
4. In the event that a student or child's behavior is significantly distracting to other class participants, he/she may be asked by the instructor or assistant to observe class until he/she can participate appropriately.

STUDENT AGREEMENT

Abiding by the policies and guidelines outlined above will allow Pathways Arts to provide the best possible service to each student. We appreciate your cooperation.

I have read, understand, and agree to abide by the policies and procedures above.

Initial _____

Acknowledgement of Risk and Waiver of Liability

INDEMNIFICATION AND RELEASE AGREEMENT

As the legal representative of _____, 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 Pathways Arts activities, I shall hereafter and forever fully release and discharge Pathways Arts, Professor Mico, instructors, employees, 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 the individual listed above is in generally good health and physical condition and does not suffer from any latent physical disabilities.

Signature Date

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

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

Signature Date

HEALTH INFORMATION

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.

STUDENT INFORMATION

Last Name: _____ First Name: _____

Sex: M / F

Date of Birth: _____ Age: _____

Parent/Guardian Name (if under 18 years of age): _____

Relationship to Student: _____

Phone Number: (____) _____ Home/Cell/Work (Please circle one)

Address: _____

E-Mail: _____

EMERGENCY CONTACT

Last Name: _____ First Name: _____

Relationship to Student: _____

Phone Number: (____) _____

VIDEO/PHOTOGRAPH CONSENT

I/We hereby give permission to be videotaped or photographed during Allied Capoeira League activities, and for the use of videotaping and photography in publication, and/or promotional use related to Allied Capoeira League Gainesville and its programs.

Signature Date

How did you hear about us? Check all that apply:

- ☐ Friend (Friend's name _____)
- ☐ Facebook
- ☐ Google
- ☐ Fun4GatorKids
- ☐ Other _____

Staff Use Only

Checklist

MB

MC

Calendar

Uniform

Loja Transfer

Filed