

# ABADÁ-Capoeira San Francisco -- Reaching All Youth Project Youth Release Form

**\*FORM MUST BE COMPLETED IN ORDER TO BE ELIGIBLE FOR MEMBERSHIP\***

Application Date:    /    /  
Previous Member: Yes - No

**For office use only.**  
Fee: F R1 R2 Y

**PLEASE PRINT !!**

**Full Name:** \_\_\_\_\_ **Gender (circle one):** Male - Female  
**Address:** \_\_\_\_\_ **Birthplace:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Birthdate:**    /    /    **Age:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **Phone:**    (    )    -    \_\_\_\_\_  
**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Email:** \_\_\_\_\_

## EMERGENCY CONTACTS

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

## WHO DOES THE MEMBER LIVE WITH? (Circle all that apply):

· Both mother and father    · Father only    · Mother only    · Grandparents    · Guardian    · Other:

## Please fill in the name(s) of the person(s) the member lives with, their workplace(s) and work number(s):

**Name:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_  
**Workplace:** \_\_\_\_\_  
**Work Phone:** (    )    -    \_\_\_\_\_

**Name:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_  
**Workplace:** \_\_\_\_\_  
**Work Phone:** (    )    -    \_\_\_\_\_

## ETHNICITY (Circle all that apply):

· African American    · Chinese    · Cambodian    · Vietnamese  
· Caucasian    · Filipino    · Korean    · Russian  
· Latino(a)/Hispanic    · Pacific Islander    · Asian    · Native American  
· Brazilian:    · Other :

## Please list any medical information we should know about this member

(allergies, medication, medical #, etc.): \_\_\_\_\_

**Insurance Carrier:** \_\_\_\_\_ **Medical Card #:** \_\_\_\_\_

**Family Doctor's Name:** \_\_\_\_\_ **Phone:** (    )    -    \_\_\_\_\_

Has the member had any prior experience with capoeira? Yes - No

If yes, where? \_\_\_\_\_

With whom? \_\_\_\_\_

For how long? \_\_\_\_\_

How did you find out about us?

Flyer     Internet     Walked By     Friend     Event     Publication

If you are applying for the RAY scholarship program, you MUST complete the income information below. Incomplete applications will not be considered.

**Circle the number in your household (including brothers and sisters) from row one and circle the total income information for your household in the column beneath.**

***ACSF reserves the right to request verification of income if necessary.***

Number in household	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8+ People
Household Income	1) Below \$18,000	5) Below \$21,000	9) Below \$24,000	13) Below \$27,000	17) Below \$30,000	21) Below \$33,000	25) Below \$36,000	29) Below \$39,000
	2) \$18,001-21,000	6) \$21,001-25,000	10) \$24,001-29,000	14) \$27,001-33,000	18) \$30,001-37,000	22) \$33,001-41,000	26) \$36,001-45,000	30) \$39,001-49,000
	3) \$21,001-33,000	7) \$25,001-39,000	11) \$29,001-45,000	15) \$33,001-51,000	19) \$37,001-54,950	23) \$40,001-59,050	27) \$45,001-63,100	31) \$49,001-67,200
	4) Above \$33,001	8) Above \$39,001	12) Above \$45,001	16) Above \$51,001	20) Above \$54,951	24) Above \$59,051	28) Above \$63,101	32) Above \$67,201

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***PLEASE READ CAREFULLY***

**YES NO** I hereby give permission for my child to be photographed, videotaped and/or interviewed for use by ABADÁ-Capoeira SF in promotional materials.

**YES NO** I hereby give permission for my son/daughter to participate in scheduled activities and performances that occur *off-site* at nearby facilities – i.e. parks, schools, and cultural centers. I understand that transportation will be provided and that my child will be accompanied by a staff person. I understand that ABADÁ-Capoeira SF staff will supervise all activities. *For any special events or field trips, you will receive a separate permission slip.*

I hereby give my consent to have my child treated by a physician or surgeon in case of sudden illness or injury while participating in an ABADÁ-Capoeira SF program. It is understood that the cost thereof will be at my expense. To protect the safety of staff and our members and reduce liability, ABADÁ-Capoeira SF staff does not dispense or store medication of any kind for our participants.

ABADÁ-Capoeira SF will only supervise youth in our building during class times. If your child does not walk home on their own, arrangements should be made to pick them up at the end of their class.

I do hereby release (for myself, my executors and administrators) and WAIVE any and all rights to claims for damages arising from any illness, accident, or occurrence caused by or as a result of my child's participation or connection with ABADÁ-Capoeira SF, its instructors, agents, representatives, and/or facilities. ABADÁ-Capoeira SF, its agents, instructors, representatives, and facilities shall not be held responsible by me for the loss or theft of my child's belongings. I have been warned that my child must be in good health to participate in this program and I now declare that my child is in good health. I declare that I have read and understood the foregoing statement and that I have either consulted a physician for my child or voluntarily chosen not to consult a physician before starting or during the course of this program.

\_\_\_\_\_ has my permission to participate in any activities at the ABADÁ-Capoeira SF Brazilian Cultural Center. He/She has been advised regarding the Center's rules and regulations, and we agree to comply to these policies.

Membership is contingent upon member's following ACSF's expectations and exhibiting positive behavior.

*ACSF staff reserves the right to suspend or terminate membership at any time if those guidelines are not followed.*

\_\_\_\_\_  
Parent or Guardian's Signature

**I promise to take care of my property, and to respect myself, the building, other members, and staff at all times.**

\_\_\_\_\_  
Member's Signature

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