



**International Capoeira Angola Foundation – Seattle**  
**803 S. King St. Seattle, WA 98104**

<http://www.ficanorthwest.org/seattle-events/>

## Capoeira Summer Camp

July 18 – 22, 2016

9am – 4pm

### REGISTRATION FORM

Please print clearly

Child's Name		Age	
Home Address			
Parent/guardian Name		Phone: Cell Work	
Email			
Parent/guardian Name		Phone: Cell Work	
Email			
Emergency Contact		Phone: Cell Work	
Relationship to student			
Medical concerns/physical limitations			
Medications needed while at camp		Directed Dosage	
Dietary needs/ allergies			
Does your child have any behavior/social challenges? (If <b>yes</b> , please specify)			
Does your child have any physical/developmental challenges? (If <b>yes</b> , please specify)			

I give permission for my child, \_\_\_\_\_, to be taken to the hospital in case of an emergency, and consent to emergency treatment until the time of my arrival at the hospital.

I understand that every effort will be made to contact me in the event that such an emergency takes place.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Send completed forms to [leikasuzumura@gmail.com](mailto:leikasuzumura@gmail.com) or by mail to PO Box 14273 Seattle, WA 98114



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## PERMISSION FORM

As part of the program's activities, and weather and staff permitting, we may be going on walking field trips. These include trips to the Wing Luke Museum, Danny Woo Gardens, Hing Hay Park and other neighborhood locations.

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To have your child participate in local outings, please sign below.

I \_\_\_\_\_ hereby give permission for my child \_\_\_\_\_  
(parent's name) (child's name)  
to participate in local outings.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

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For your child's safety, please designate the individuals that have your permission to pick-up your child from the program. Our staff will not allow your child to leave the premises with any other individual, unless they are indicated on this list.

PLEASE PRINT CLEARLY

Name of Individual Designated for Pick-up Relation to Child

Name of individuals designated for pick up	Relationship to child
1.	
2.	
3.	
4.	

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## INDEMNITY FORM

In consideration of **the International Capoeira Angola Foundation** allowing my/our, son/daughter,

\_\_\_\_\_  
(Name of Child)

to take part in the programs operated by the International Capoeira Angola Foundation, the undersigned hereby covenant and agree to indemnify and save harmless the International Capoeira Angola Foundation and its employees and agents against any liability incurred by them by reason of:

- (a) the admission of my/our son/daughter into such programs
- (b) any care, transportation of services provided to my/our son/daughter by the International Capoeira Angola Foundation, its employees or agents; or
- (c) the behavior and mental or physical incapacity of my/our son/daughter.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

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## **MEDIA CONSENT FORM**

I, \_\_\_\_\_, give consent for my child  
(parent's name)

\_\_\_\_\_ to be photographed, video taped by staff or  
(child's name)

media for use in the Union Cultural Center, brochures, the International Capoeira Angola Foundation website and other social media.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date