



Youth Participant Release Form & Reaching All Youth (RAY) Project Application



This form must be completed in order to participate and/or be eligible for RAY Project membership. Please **print clearly** and provide a **valid email address**.

PARTICIPANT INFORMATION 2016/2017

First Name: _____ Last Name: _____ Gender (circle one): M - F

Street Address: _____ Birthplace: _____

City: _____ Birthdate: ___ / ___ / _____ Age: _____

State: _____ Zip: _____ Phone: (____) _____ - _____

School: _____ Grade: _____ Home Language: _____

Race (check all that apply):

- Black/African-American
- Asian/Pacific Islander
- White
- Native American
- Other (specify): _____
- Decline to state

Ethnicity

- Brazilian
- Latino (a)/Hispanic
- Other (specify): _____
- Decline to state
- Mexican
- Central America
- South America

Please provide following information for the parent(s)/caregiver(s) the child/youth lives with:

1. Name: _____ Relationship: _____ Profession: _____
Primary Ph: (____) _____ - _____ Alt Ph: (____) _____ - _____ Email: _____

2. Name: _____ Relationship: _____ Profession: _____
Primary Ph: (____) _____ - _____ Alt Ph: (____) _____ - _____ Email: _____

1 or 2 - Home address if different from above: _____

In case we cannot get a hold of you in an emergency, who should we contact?

Name: _____ Relationship: _____ Phone: (____) _____ - _____



MEDICAL INFORMATION

Family Doctor's Name: _____ Phone: (____) _____ - _____

Insurance Carrier: _____ Insurance #: _____

Allergies: None Bees Wasps Peanuts Other (specify): _____

In case of a reaction child carries: Epinephrine injection Inhaler Antihistamine pills
 Other (specify): _____

Other medical condition(s): _____ Medication(s): _____

Has the child/youth had previous experience with capoeira? Yes No

If yes, where? _____ with whom? _____ for how long? _____

How did you find out about ABAD -Capoeira San Francisco? (check all that apply)

Friend (specify): _____ Event (specify): _____ Other (specify): _____

APPLICATION FOR R.A.Y. PROJECT (low or no-cost access to programs)

All child/youth applicants must fill out the following information, regardless if applying for the RAY Project at this time.

Instructions: Locate the column corresponding to the number of people in your household (including parents/guardians, applicant, & siblings), and circle your annual household income in that column.

ANNUAL HOUSEHOLD INCOME*	Number of People in Household					
	1 Person	2 People	3	4	5	6 or more
\$18,000 or less	\$21,000 or less	\$24,000 or less	\$27,000 or less	\$30,000 or less	\$33,000 or less	
18,001- 21,000	21,001-25,000	24,001-29,000	27,001-33,000	30,001-37,000	33,001-41,000	
21,001-33,000	25,001-39,000	29,001-45,000	33,001-51,000	37,001-54,950	40,001-59,050	
33,000 or more	39,000 or more	45,000 or more	51,000 or more	54,950 or more	59,050 or more	

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

RELEASE AND AGREEMENT

- ✓ I hereby give permission for my child to be photographed, videotaped and/or interviewed for use by ABADÁ-Capoeira San Francisco (ACSF) in promotional materials. **Read & Agree (initial):** _____
- ✓ I hereby give permission for my child to participate in scheduled activities and performances that occur off-site at nearby facilities (parks, schools, etc.). I understand that transportation will be provided and that my child will be accompanied by a staff person. I understand that ACSF staff will supervise all activities. For any special events or field trips, I will receive a separate permission slip in advance. **Initial:** _____
- ✓ 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 ACSF 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, ACSF staff does not dispense or store medication of any kind for our participants. **Initial:** _____
- ✓ ACSF will only supervise youth in the building during class times. I am solely responsible for my child's transportation to and from ACSF's studio location. **Initial:** _____
- ✓ I 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 ACSF, its instructors, agents, representatives, and/or facilities. ACSF, 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. **Initial:** _____
- ✓ Students are not supervised when they are not in class. They are responsible for their own safety and their own belongings. Students must respect the space, ACSF staff and students, and remain quiet and respectful of any class that is in progress. There are NO DRUGS, NO ALCOHOL, NO WEAPONS OF ANY KIND allowed in the studio at any time. Any member who brings weapons, drugs, or alcohol into the studio or comes to the studio under the influence of drugs or alcohol will be removed from the program. ACSF is a safe space. Anyone who violates or jeopardizes the safety of the facility will be removed from the program. **Initial:** _____
- ✓ _____ (*child's name*) has my permission to participate in any activities at ACSF. She/he has been advised regarding ACSF's rules and regulations, and we agree to comply with these policies. **Initial:** _____

Participation is contingent upon student's following ACSF's expectations and exhibiting positive behavior. ACSF staff reserves the right to suspend or expel a student 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. I understand that if I do not abide by these rules and principles, I will be suspended and/or expelled from ACSF's facility and its programs.

Participant's Signature: _____