

Student Enrollment Form

Name (First/Last/ MI)

Nickname

Age: _____ Date of Birth: _____ Sex: M F

Parent/Guardian Name: _____

E-mail: _____

Phone: (____) _____ Alternate Number: (____) _____

How did you hear about us? _____

It is agreed that the student is under no obligation to continue Capoeira classes and that if the student decides to drop out of school, there is no obligation for future dues. It is further agreed that Grupo Axè Capoeira and their associates will make no refunds of monies already paid. It is understood that even if a student does not attend class in a given month, dues will be charged for that month. I certify that I have read and fully understand this agreement. I certify that all the above given information is correct to my knowledge.

Student Applicant Signature / Signature of Parent or Guardian, if student is a minor

Date

All Monthly dues are due at **the first class of each month.**

In Case of Emergency Notify:

Name Phone number

Relationship to Applicant: _____

READ CAREFULLY
WAIVER AND RELEASE OF LIABILITY

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify and it's owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my participation in martial arts activities, I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers, volunteers or employees of Grupo Axè Capoeira and Affiliates .

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE GRUPO AXE CAPOEIRA AND AFFILIATES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Signature D.O.B. Phone

Print Name Address

City State Zip

Signature of parent or guardian (if less than 18yrs. old) Today's Date

