

Husky House is proud to present..

CAPOEIRA



A mix of dance, music, acrobatics and self-defense!

1:30-2:15, Mondays, March 2 through April 27
(no class over spring break, 3/30)

Husky House is proud to be working with **Omulu Capoeira and Instructor Uri!** For **8 weeks** your child will participate in a 45-minute class that will work on body awareness, balance, locomotor, laterality, health and cultural awareness.

PLEASE NOTE:

- ❖ Husky House staff are always present and will escort your child to or from TK or Kindergarten.
- ❖ Capoeira class is from 1:30-2:15.
- ❖ If your child is NOT contracted for care on Mondays at Husky House but would like to participate in this class, there is an additional fee for childcare and Husky House activities.
- ❖ Children signed up for the 12:45-2:30 timing will be escorted to the main turnaround for pickup.
- ❖ We need licensing forms on file for your child(ren) prior to their attendance. They can be found on our website (huskyhouseforkids.org) OR at our center.
- ❖ Children not enrolled in optional enrichment classes have a wide variety of other activities from which to choose.
- ❖ We need a minimum of 8 children to enroll in class to offer this enrichment opportunity.
- ❖ Refunds will only be issued if you provide notice of cancellation by the first class or if Husky House cancels due to low enrollment.

This class is open to all TK and EARLY BIRD KINDERGARTENERS

CAPOEIRA Classes at Husky House

Yes! Please sign up my child _____ for Mondays, 3/2 - 4/27 (no class 3/30).

HVE Teacher _____	Parent Name _____	Phone # _____
Please circle the pricing that applies:	My child is already contracted for Mondays at Husky House	My child needs to be added to Mondays for the dates of class.
CAPOEIRA Class AFTER classroom time, 12:45 - 2:30 escort from class, (TKs please send a nut-free lunch with your child) class is from 1:30 - 2:15	\$96	\$240

Please return your completed form to Husky House ASAP for best chance of securing a place in this class.

Contact us with questions at 925-283-7100 or officestaff@huskyhouseforkids.org

OFFICE USE: Date Rcvd _____ Roster _____ Inv./Amt. _____ Paid _____ Lic. Forms on File _____ Tallied _____

WC Omulu Capoeira Waiver

Participant Name		
Participant Date of Birth		
Participant Contact Info		Is text messaging ok?
Email		
Emergency Contact Name		Phone

Please read the disclaimer clause below carefully before signing

- I - the participant, or parent/guardian of minor participant, acknowledge that Capoeira training involves strenuous physical activities and mental exertion and agree that participation is voluntary.
- I - the participant, or parent/guardian of minor participant, understand that it is my responsibility to consult with a physician prior to and regarding participation in Capoeira, and warrant that there are no medical conditions that would prevent participation in Capoeira.
- I - the participant, or parent/guardian of minor participant, acknowledge that WC Omulu Capoeira Group, Uriel E. Arauz, and any members of Omulu Capoeira Group, instructors and all volunteers are not responsible for any injury, loss or damage sustained while participating in any event related to the WC Omulu Capoeira Group.
- I - the participant, or parent/guardian of minor participant, exempt and waive any legal claims against WC Omulu Capoeira Group, Uriel E. Arauz, and any members of Omulu Capoeira Group, instructors and all volunteers from any injury or accident that may occur through the practice of Capoeira.
- I – the participant, my heirs or representatives, or parent/guardian of minor participant and their heirs or representatives - exempt waive, and discharge covenant not to sue WC Omulu Capoeira Group, Uriel E. Arauz, and any members of Omulu Capoeira Group, instructors and all volunteers from any major injury or death caused as a result through the practice of Capoeira.
- I – the participant, or parent/guardian of minor participant, acknowledge that photos or videos will be taken during classes for promotional purposes and used in social media or other publicity in print and/or electronic formats as needed.

I – the participant, or parent/guardian of minor participant, have read the above waiver and release of liability and fully understand its contents, and by signing this agreement consent to the terms and conditions stated above.

Name of participant: _____ Signature: _____ Date: _____

Note: for minor participant (under 18 years of age), parent or legal guardian must sign.

Legal Guardian Name: _____ Signature: _____ Date: _____