



# ABADÁ-CAPOEIRA

## SAN FRANCISCO

BRAZILIAN ARTS CENTER

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### THE RAY (REACHING ALL YOUTH) PROJECT

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ACSF offers a limited number of scholarships to youth from low-income families. Eligible children will be accepted on a first-come, first-served basis.

If ACSF is unable to award a scholarship to an eligible youth, that youth will be kept on a waiting list and will be accepted into the program when a space becomes available.

- ELIGIBILITY:** Children and teens aged 5-19 years old are eligible. Scholarship awards (full or partial) will be determined based on the family's yearly household income. Applicants will be notified by mail of their membership status after their completed application has been reviewed.
- VOLUNTEERING:** RAY Project members and/ or their families are REQUIRED to volunteer with ACSF for a minimum of three hours per session. Families with more than one child enrolled in the program are required to volunteer for the three hours plus 1.5 hours for each additional child. IF VOLUNTEER REQUIREMENTS ARE NOT MET, THE MEMBER(S) WILL NOT BE ELIGIBLE FOR RENEWAL AND WILL LOSE THEIR SCHOLARSHIP(S). A volunteer response form is included with this application. You MUST commit to one of the volunteer options on the form in order to be eligible for membership.
- RENEWAL:** The RAY Project operates in two sessions per calendar year, a Spring/ Summer Session (January-August) and a Fall Session (September-December). New members may join the RAY Project at any time during the year. They will need to renew their membership at the beginning of each session, regardless of when they were accepted into the program. Previous members will have first priority for scholarships **if** they renew their application on time and complete their yearly volunteer hours. IF MEMBERSHIP IS NOT RENEWED, FEES ARE NOT PAID, OR VOLUNTEER HOURS ARE NOT COMPLETED, THE MEMBER WILL LOSE HIS OR HER SCHOLARSHIP.
- PRIVILEGES:** RAY Project members may train in any class that is open to their level and age. They may participate in all health and safety related workshops at no cost. All members are welcome to observe any class. Members over 14 years old may use workout equipment at the studio at any time during which the studio is open and staffed.
- RULES:** 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 any class that is in progress. Project members are expected to clean up after themselves and tell their parent or guardian when they are at the studio or in class.
- ACSF is not responsible for students before or after class. Transportation to and from class is solely the responsibility of the child's parent(s) or guardian(s).
- ACSF is a safe space. Anyone who violates or jeopardizes the safety of the facility will be removed from the program.
- There are **NO WEAPONS OF ANY KIND** allowed in the studio at any time.
- There are **NO DRUGS OR ALCOHOL** allowed in the studio at any time. **Any project 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.**



Application Date:     /     /  
 Previous Member:   Yes - No

For office use only:  
 Fee:   F   R1   R2   Y

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

**CONTACT INFORMATION:** We will need to contact you regularly during the session with information and updates.

**Our preferred method of contact is E-Mail. Please give us a working email address.**

**Email:** \_\_\_\_\_

**If you do not receive email, please give us the best phone number to reach you.**

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

**EMERGENCY CONTACT**

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

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

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

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

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

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Workplace: _____	Workplace: _____
Work Phone: (     )     -	Work Phone: (     )     -

**ETHNICITY (Circle all that apply):**

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

**\*FORM MUST BE COMPLETELY FILLED TO BE ELIGIBLE FOR MEMBERSHIP\***

Has the member had any prior experience with capoeira? Yes - No                      If yes, where? \_\_\_\_\_

With whom? \_\_\_\_\_ For how long? \_\_\_\_\_

Please list any related activities (dance, sports, gymnastics, etc.) in which the member has participated: \_\_\_\_\_

**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:**

Number in household	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8+ People
Total 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

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

**PLEASE READ CAREFULLY**

**YES NO** I hereby give permission for my child to be photographed, videotaped and/or interviewed for use by ABADÁ-Capoeira 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 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 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 staff does not dispense or store medication of any kind for our participants.

ABADÁ-Capoeira 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, its instructors, agents, representatives, and/or facilities. ABADÁ-Capoeira, 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 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 the building, other members, and staff at all times.

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

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