



ADULT REGISTRATION FORM (page 1)

I am starting: [] Karate [] Self-Defense (women & trans) [] Self-Defense (LGBTQ) [] T'ai chi Chuan

Name _____ Preferred Pronouns (ex.: She/her, he/his, they/their)? _____

Mailing Address (including apt. #) _____

City, State, Zip _____

Area Code/Phone (home) _____ (work) _____

(cell) _____ (e-mail) _____

1. Please check (karate and t'ai chi students only): I give CAE permission to list the following contact information on the student contact list, which is made available only to CAE students, teachers, and staff:

[] email address [] home phone [] cell phone [] work phone [] none

2. Have you had previous martial arts or self-defense training? [] No [] Martial arts [] Self-Defense

If YES; What style? _____ Where? _____ When? _____

3. Are you taking the class as a Survivor (Survivors' Prevention & Healing Project) for free? *

[] Yes [] No

4. When are you planning on starting (Month/Day/Year)? _____ Let us know if this changes*

5. How did you hear about CAE? _____

6. Please check: [] I have read & understand the Fee Information for New Students Handout, and agree to the policy.*

7. Do you have any injuries or medical conditions of which the teachers should be aware?

[] No [] Yes, _____

8. Will you bring children with you? [] No [] Yes [] Maybe

IF YES OR MAYBE, please list the children's names & ages: _____

9. Please check: [] I have read & understand the Childcare Information Handout, and agree to the policy.

* If you are not sure, please check with BJ Watkins, Administrator.

As you may know, student fees help to offset the cost of CAE offering free classes for teens and survivors of domestic violence, sexual assault, and childhood abuse. You can choose to make a one-time donation and/or to increase your monthly fee, and your contribution will go directly to pay for the cost of providing these free services. (For as little as \$5 per month, you can pay for a survivor to take an entire self-defense course!)

[] Sign me up for a one-time donation of \$ _____.

This will be added to your fee for the upcoming month, unless otherwise indicated.

[] Add the following amount to my established monthly fee:

(Check one) ___ \$5.00 ___ \$20.00
___ \$10.00 ___ Other amount: \$ _____

In case of an emergency, please contact:

Name(s): _____

Relation to you: _____

Day Phone: _____ Evening Phone: _____

ADULT REGISTRATION FORM (page 2)

RELEASE

I, the undersigned student, agree that The Center for Anti-Violence Education, Inc.* shall not be liable for any damages arising from personal injuries sustained by myself, my guest, or my child (herein collectively referred to as the "Student") in, on, or about the premises of The Center for Anti-Violence Education, Inc. The Student in attending the school and using the facilities and equipment thereof does so at her/his own risk and further assumes full responsibility for any injuries or damages that she/he may suffer in, on, or about the premises of the school and does hereby forever release and discharge The Center for Anti-Violence Education, Inc., and its teachers from any and all claims, demands, damages, or causes of action, whether known or unknown, anticipated or unanticipated, resulting from or arising out of the Student's use or intended use of said equipment and facilities, including but not limited to any claims for personal injuries resulting from the negligence of The Center for Anti-Violence Education, Inc. or its teachers or any other persons present on said premises, including but not limited to other persons using the premises as Students or teachers.

Wherever the term The Center for Anti-Violence Education, Inc. is used in the above release, it shall include John and Vincenta Gamba, the landlord of the premises at 327 Seventh Street, Brooklyn, New York.

_____ **Date** _____ **Signature of Student** (or Parent/Guardian if student is under 18 years old)
_____ **Print Name**

*formerly known as Brooklyn Women's Martial Arts
Please note: This sheet must be signed before your first class

CAE Refund Policy for Adult Self-Defense: We will refund 1/2 of the deposit if requested at least 2 weeks before the first day of the course or the deposit can be held for the next starting date.

CAE Refund Policy for Martial Arts: We will refund 1/2 of the annual dues if requested at least 2 weeks before the 1st day of class OR the annual dues can be held for the next starting date.

If you choose not to take classes before the 1st Monday class for karate students or the 1st Thursday class for t'ai chi students and have paid the annual dues & the 1st month's fee, the 1st month's fee will be refunded.

The annual dues is non-refundable after 2 weeks before the 1st starting date,

If you have taken at least one class, both the annual dues and the 1st month's fee are non-refundable.

FEES: (for office use only)		Start Date _____	
<input type="checkbox"/> Karate \$ _____ / \$ _____ per month/per class	<input type="checkbox"/> T'ai chi \$ _____ / \$ _____ per month/per class		
<input type="checkbox"/> 1st month free (SPHP)			
Annual Dues \$ _____ per year			
<input type="checkbox"/> Self-Defense \$ _____ course	OR	<input type="checkbox"/> Free through SPHP	
Amount Paid \$ _____	<input type="checkbox"/> check # _____	<input type="checkbox"/> credit card	<input type="checkbox"/> cash
Amount Paid \$ _____	<input type="checkbox"/> check # _____	<input type="checkbox"/> credit card	<input type="checkbox"/> cash

Adult Statistical Information

CAE's funders require us to obtain statistical information in order to better understand who participates in our programs. The information on this form will be anonymous. When appropriate, please check all boxes that apply.

I. CAE Program:

Class starting date: _____

- Adult Self-Defense course
- Adult Self-Defense course - *Survivors' Prevention & Healing Project (free course)*
- LGBT Self-Defense class
- Adult Karate
- Adult Karate - *Survivors' Prevention & Healing Project (first month free)*
- Adult T'ai chi Chuan
- Adult T'ai chi Chuan - *Survivors' Prevention & Healing Project (first month free)*

2. Sex/Gender Identity:

- Female Transgender Male Self-identify _____

3. Age:

- 19 - 21 22 - 40 41 - 64 65 or older

4. Income Level (individual or family):

- | | | |
|----------------------------------------------|----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> \$7,999 or below | <input type="checkbox"/> \$15,000 - \$19,999 | <input type="checkbox"/> \$30,000 - \$39,999 |
| <input type="checkbox"/> \$8,000 - \$10,999 | <input type="checkbox"/> \$20,000 - \$29,999 | <input type="checkbox"/> \$40,000 - \$59,999 |
| <input type="checkbox"/> \$11,000 - \$14,999 | <input type="checkbox"/> \$30,000 - \$39,999 | <input type="checkbox"/> \$60,000 - \$99,999 |
| | | <input type="checkbox"/> \$100,000 or more |

5. If family, number of adults: _____ number of children: _____

6. Race/Ethnicity (please check all that apply):

- | | |
|------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> African/African-American | <input type="checkbox"/> Latin-American |
| <input type="checkbox"/> Arab/Arab-American | <input type="checkbox"/> Native-American |
| <input type="checkbox"/> Asian/ Asian-American | <input type="checkbox"/> Pacific-Islander/Pacific-Island-American |
| <input type="checkbox"/> Caribbean/Caribbean-American | <input type="checkbox"/> South-Asian/South-Asian-American |
| <input type="checkbox"/> European/European-American (white, Caucasian) | |
| <input type="checkbox"/> Other/additional race/ethnicity: _____ | |

7. Sexual Orientation:

- Bisexual Gay Straight/Heterosexual Lesbian Queer
- Self-identify _____

8. Borough/Town/State:

- Brooklyn - which neighborhood? _____
- Bronx
- | | | |
|------------------------------------|--------------------------------------|----------------------------------------|
| <input type="checkbox"/> Manhattan | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Staten Island |
| <input type="checkbox"/> Queens | <input type="checkbox"/> Connecticut | <input type="checkbox"/> Other: _____ |

9. Survivor of (please check all that apply):

- | | | |
|-----------------------------------------|---------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Child Abuse | <input type="checkbox"/> Domestic/Relationship Violence |
| <input type="checkbox"/> Incest | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> None apply to me |



Class Agreements for Self-Defense

- **One Mic** (*one person speaks at a time*)
- **Move forward, Move back**
 - If you don't say much, give it a try
 - If you talk a lot, give others a chance
- **What's said here, stays here. What's learned here, leaves here**
 - **Confidentiality** -If you need to discuss contents of this workshop, don't use names or repeat personal info
- **No put-downs of individual or groups of people-** don't use oppressive (bigoted) language
- **Intent is different from Impact**
 - The impact of your comments may be different from your intent (*think before you speak*)
- **Respect:**
 - For each participant & our differences, remember our commonalities
 - For the group
 - For the teachers
 - For yourself
 - For the childcare here for childcare
 - For the space (*clean up after yourself and your childcare, if applicable*)
- **Speak for yourself, from your own experience**
- **Take chances** (*try things that may be new or unfamiliar*) **while taking care of yourself** (*physically & emotionally*)
- **It's okay to make mistakes** (*we all do!*)- it's part of everyone's learning process
- **Remember, we all have different ways to handle difficult situations. Listen to others, you may learn something new. If it works for you – great. If it doesn't, let it go**

I agree to follow the guidelines outlined in this handout.

Print name: _____

Sign here: _____ Date: _____