



TEEN REGISTRATION FORM *(page 1)*

I am starting: PACT Teen Self-Defense Pre-Teen Self-Defense

Name _____

Mailing Address _____ Apt: _____

City, State, Zip _____

Area Code/Phone *(home)* _____ *(cell)* _____

Email _____

How do you prefer to be contacted: home phone cell phone email

Date of Birth _____ Age _____

What school do you attend? _____

Parent/Guardian Name #1 _____

Daytime Area Code/Phone _____

Email _____

Parent/Guardian Name #2 _____

Daytime Area Code/Phone _____

Email _____

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

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

How did you hear about CAE? _____

Do you have any injuries or medical conditions the teachers should know about?

No Yes, _____

In case of emergency, please contact:

Name(s) _____ Relation to you _____

Day Phone _____ home work cell other

Evening Phone _____ home work cell other

TEEN 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.

MEDICAL INFORMATION FOR PARTICIPANTS

Please note that this information will only be seen by the staff of The Center for Anti-violence Education in order to support the health of students in our programs. In case of emergency, this information will *only* be shared with the direct medical care provider.

1. Do you have any allergies (foods, medications, environment, etc)? ___ Yes ___ No

If yes, please explain: _____
_____.

2. Do you currently take any medications regularly? ___ Yes ___ No

If yes, please explain: _____
_____.

3. Do you have any mental or physical conditions or disabilities, or have you had any serious mental or physical illnesses or injuries recently? ___ Yes ___ No

If yes, please describe briefly: _____
_____.

4. Are you currently receiving any kind of ongoing treatment for physical, emotional, or mental conditions? ___ Yes ___ No

If yes, please describe briefly: _____
_____.

By signing below, I verify that I have read and agree with the terms of the above release statement. Furthermore, I certify that the above medical information is accurate and complete to the best of my knowledge.

Date

Signature of Student

Date

Signature of Parent (Required only if student is under 18)

*formerly known as Brooklyn Women's Martial Arts

Please note: This sheet must be signed before your first class.

The Center for Anti-Violence Education, Inc.

Statistical Information

Today's date: _____

CAE's funders require us to obtain statistical information in order to report more accurately about who participates in our programs. The information on this form will be anonymous. Completing this form is voluntary, but please note that your cooperation is extremely beneficial to CAE. *When appropriate, please check all boxes that apply.*

1. Gender Identity:

Female Male Transgender Self-Identify: _____

2. Age:

6 - 9 16 - 20 41 - 64
 10 - 13 21 - 40 65 or older
 14 - 15

3. Race/Ethnicity (please choose all that apply):

African/African-American Latino/Latina/Latin-American
 Arab/Arab-American Native-American
 Asian/Asian-American Pacific-Islander
 Caribbean-American South-Asian
 European-American Other race/ethnicity: _____
 Bi-racial or multi-racial: _____

4. Family Income Level:

\$7,999 or below \$15,000 - \$19,999 \$40,000 - \$49,999
 \$8,000 - \$10,999 \$20,000 - \$29,999 \$50,000 - \$59,999
 \$11,000 - \$14,999 \$30,000 - \$39,999 \$60,000 - \$99,999
 \$100,000 or more

5. Number of children in family: _____ **number of adults:** _____

6. Sexual Orientation:

Bisexual Lesbian Gay
 Heterosexual (Straight) Queer Self-Identify: _____
 Other Not sure

7. Borough/Town:

Brooklyn Queens
 Bronx Staten Island
 Manhattan Other: _____

If Brooklyn, which neighborhood? _____



Class Agreements

- **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 space (*clean up after yourself and your childcare, if applicable*)
- **Use the "Oops and Ouch"** - You can say "**ouch**" if you are feeling offended, hurt, or disrespected in the class. Use the "**oops**" if you wish to take back something you said or to let someone know that you didn't realize you were hurting or disrespecting them.
- **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: _____