

Program: 2019 Fall Robotics Class (Sept—Oct)

Participant's Name _____ **Sex** _____
 Last Name _____ First Name _____ MI _____
Age _____ **Birth Date** _____ **Home Phone No.** _____
Address _____
 Street Name & Number _____ City _____ Zip Code _____
Email _____ **School** _____ **Current /Completed Grade** _____

MEDICAL INFORMATION:

Please list any current health problems/conditions _____
 Please list any medications being taken _____
 Physician _____ Phone No. _____

EMERGENCY CONTACT INFORMATION: *(For minors, please list a contact other than parent/legal guardian)*


Contact Person _____ **Relationship** _____
Home Phone _____ **Work Phone** _____ **Mobile Phone** _____

PARENT/GUARDIAN INFORMATION:

Father/Legal Guardian _____	Home Phone _____
If Legal Guardian, please list relationship to Participant _____	Mobile Phone _____
Address _____	Work Phone _____
Employer _____	eMail _____
Mother/Legal Guardian _____	Home Phone _____
If Legal Guardian, please list relationship to Participant _____	Mobile Phone _____
Address _____	Work Phone _____
Employer _____	eMail _____

Total number of family members in household _____ Please list by name & relationship: (List birthdate & program information for siblings only)

Name	Relationship	Birthdate	Participant in Palama programs?
_____	_____	_____	No ___ Yes -If yes, indicate program _____
_____	_____	_____	No ___ Yes
_____	_____	_____	No ___ Yes
_____	_____	_____	No ___ Yes
_____	_____	_____	No ___ Yes
_____	_____	_____	No ___ Yes

 Palama Settlement is a member of the Aloha United Way. The following information is voluntary and allows us to provide AUW with accurate information.

Please indicate which complex if you are a housing resident.

- Mayor Wright Kaahumanu
 KPT Kamehameha Kukui Gardens
 Kauluwela I Kauluwela III Kalihi Valley
 Puahala (Lanakila)
 Other: _____

Ethnic Background

- African Am. Amer. Indian Caucasian
 Chinese Filipino Hawaiian
 Hispanic Japanese Korean
 Pac. Islander Part Haw'n Samoan
 Vietnamese/Laotian Tongan
 Other: _____

Income Level (Father)

- Below \$18,406 Below \$29,799
 Below \$47,679 Above \$47,680

Income Level (Mother)

- Below \$18,406 Below \$29,799
 Below \$47,679 Above \$47,680

OFFICE USE ONLY:

Paid by _____ Amount Paid _____ Date _____
 Receipt # _____ Check # _____ Cash _____



PALAMA SETTLEMENT
810 N. Vineyard Boulevard
Honolulu, Hawaii 96817

WAIVER AND RELEASE OF LIABILITY

I, _____, the adult applicant, parent and/or legal guardian of _____ hereby acknowledge and understand that I may have certain legal rights against PALAMA SETTLEMENT, their predecessors, successor and assigns, in the event of an accident and/or injury to my child/self or damage to property by PALAMA SETTLEMENT.

NOW, THEREFORE, for good and valuable consideration, including but not limited to services provided to my child and/or me, I do hereby voluntarily and with full knowledge of my rights, completely and forever waive, release, acquit, and forever discharge PALAMA SETTLEMENT, its officers, directors, employees, agents and all other persons acting on their behalf (registered approved volunteers) (collectively "Released Parties"), jointly or severally, their successors and assigns, whether herein named or referred to or not, of and from any and all, and all matter of, actions and causes of action, rights, suits, demands, covenants, contracts, agreements, judgments, claims and demands, attorneys' fees and costs or and damages of whatever name or nature whatsoever in law or equity, which heretofore have been, and which hereafter may be sustained.

Further, I agree to defend, indemnify and hold harmless Released Parties from any and all claims, actions, causes of action, suits, expenses, damages of any nature and liabilities, including but not limited to attorneys' fees and costs, arising out of or relating in any way to the services provided to my child or me by PALAMA SETTLEMENT and/or my or my child's participation in any class, event or other activity provided or sponsored by PALAMA SETTLEMENT.

Parent/Legal Guardian (Please Print)

Signature

DATED this ____ day of _____, 20__.

* * * * *

CONSENT AND RELEASE FORM

I hereby consent to and authorize organization(s) approved by Palama Settlement to take photographs, video tapes and audio tapes of my child and agree that the organization(s) may use them in an honorable and legitimate way without any compensation or payment of any kind to me; and I agree that all materials shall be considered the property of the organization(s). I also release the organization(s) and its agents from any liability for any violation of my personal or property rights which I might have in connection with such materials.

Parent/Legal Guardian (Please Print)

Signature

DATED this ____ day of _____, 20__.