

Program: Jan-Mar 2018 Coding

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

MEDICAL INFORMATION:

Please list any current health problems/conditions _____
 Please list any medications being taken _____
Physician _____ **Phone No.** _____
Medical Insurance Carrier _____ **Policy/Membership 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:


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

How did you hear about this program? Flyer Friend Website Facebook/Twitter Email Other: _____

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

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

****Payment of registration fees by credit card will be assessed a 3% merchant fee.**

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

If you are a housing resident, indicate where:
Mayor Wright Kaahumanu KPT
Kamehameha Kukui Gardens Kauluwela I
Kauluwela III Kalihi Valley Puahala

Other: _____

Ethnic Background

African Am. Amer. Indian Caucasian
Chinese Filipino Hawaiian
Hispanic Japanese Korean
Micronesian Part Haw'n Samoan
Vietnamese/Laotian Other Pacific Islander

Annual Household Income Level

Below \$21,960 Below \$27,450
Below \$40,626 Below \$43,920
Above \$43,920

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__.