

**Program:** 2018 Pakolea Football Registration - Senior Division

**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:**


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

# PALAMA SETTLEMENT



SINCE 1896

## MEDICAL EXAMINATION FORM

Participant's Name: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Birth date: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Permitted to participate in sports activities: \_\_\_\_\_ Yes \_\_\_\_\_ No

Remarks: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Office Stamp (**required**)

\*\*\*\*\*

I/We the parents/guardian give permission for any emergency treatment necessary either on practice field/court or on the game field/court. I/We authorize any hospital and/or physician to perform emergency treatment, or any physician to perform emergency medical treatment, for any injuries resulting for any scheduled games and practices, including the supervised travel to and from said function.

Permission Granted: \_\_\_\_\_ Date: \_\_\_\_\_  
Father/Guardian

\_\_\_\_\_ Date: \_\_\_\_\_  
Mother/Guardian

Medical Insurance Carrier: \_\_\_\_\_ Policy/Member #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (home): \_\_\_\_\_  
Name (work): \_\_\_\_\_  
\_\_\_\_\_ (mobile): \_\_\_\_\_  
Relationship to participant

Hospital preference: \_\_\_\_\_



## Palama Settlement Pakolea Program Parent/Guardian Code of Conduct

To ensure efficient and effective operation of all Pakolea Program activities and provide the best possible environment for youth, staff and volunteers, PALAMA expects all parents/guardians whose child(ren) register to participate in the Pakolea Program to follow a code of conduct that will protect the interests and safety of all children, parents/guardians, volunteers, staff and the agency. It is important for all parents/guardians to be familiar with and accept these rules and conduct.

*These rules are illustrative only, and Palama retains the discretion to suspend or remove from the program, any child whose parent/guardian is in violation of this code of conduct for reason other than those listed below. Participation in the Pakolea Program is at the mutual consent of Palama and the parents/guardians, and either party may terminate that relationship at any time with or without reason, and with or without advance notice. If you have any questions regarding this Code of Conduct, please speak with the Program Administrator or the Recreation Director. If you believe that a rule has been breached, either by yourself or by another parent or volunteer, the matter should be reported to the Pakolea staff in writing. To the extent possible, the confidentiality of reports shall be considered on a case-by-case basis.*

Our rules prohibit any attempted as well as actual violation. Please initial next to each item to show you read and understand/acknowledge each one.

### **PROHIBITED BEHAVIORS INCLUDE:**

- \_\_\_\_\_ Any behavior that places desire to win ahead of the child's emotional and physical well-being.
- \_\_\_\_\_ Consumption of alcohol at games, practices or any Palama-sanctioned function involving youth and/or our youth sports activities.
- \_\_\_\_\_ Taunting of officials, coaches, staff, fans, players or parents.
- \_\_\_\_\_ Swearing/using foul language at games, practices or any Palama-sanctioned function involving youth.
- \_\_\_\_\_ Demeaning comments or yelling at youth as a motivational tool.
- \_\_\_\_\_ Interfering with practices or games by going onto the field/court, telling a child not to listen to the coach when you disagree with the coaches' methods, disturbing the coaching staff or yelling out your own instructions from the sidelines.
- \_\_\_\_\_ Addressing a problem or concern by yelling/confronting Palama Settlement staff in front of the youth, coaches, community member from other teams, or volunteers.
- \_\_\_\_\_ Engaging in the spreading of rumors and gossip to the detriment of other players, teams, volunteers, staff or the agency.
- \_\_\_\_\_ Not turning in all funds owed back to the agency for the various fundraising activities throughout the season.
- \_\_\_\_\_ Not following the cleaning/care guidelines for uniforms and equipment issued.



**POSITIVE BEHAVIORS INCLUDE:**

- \_\_\_\_\_ Encouraging good sportsmanship by providing positive feedback and support for players, coaches, staff, volunteers, and officials.
- \_\_\_\_\_ Mentoring your child and the other children by treating everyone around them (youth, coaches, staff and volunteers) with respect regardless of race, sex, religion or differences of opinion or experiences.
- \_\_\_\_\_ Working with program staff to develop different ways to keep the sport and program activities fun for your child.
- \_\_\_\_\_ Choosing to volunteer time and take an active role in your child’s participation in the program through assistance in the Leadership Center, helping with fundraising coordination, stepping into “team mom” role or any other area that the program or children may need assistance with.
- \_\_\_\_\_ Attending the mandatory parent/guardian orientation before the start of the first practice and any successive parent/guardian meetings as scheduled by the Pakolea staff.
- \_\_\_\_\_ Notifying the Pakolea staff prior to the date of the meeting if unable to attend any mandatory meetings.
- \_\_\_\_\_ Addressing concerns with the program, volunteers or staff in an appropriate, professional and reasonable manner by first bringing it to the attention of the Pakolea staff in a one-on-one, non-confrontational setting. If not sufficiently resolved, bring it to the attention to the Recreation Director in writing.

*Lastly, I understand that my signature below certifies that this supersedes all prior agreements, understandings, representations or understandings concerning my involvement with the Palama Settlement Pakolea Program and that should I be found to be in violation of the above Code of Conduct, (1) I may be asked to leave the practice or game; (2) My child may be suspended from practices or games; (3) Future participation in the Pakolea Program may be denied.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name

PAKOLE PROGRAM

PERSONAL HISTORY & ACADEMIC RELEASE

1. FAMILY:

Are there any personal concerns that the staff should be aware of (i.e. recent family issues, death, marital separation, etc.) \_\_\_\_\_  
\_\_\_\_\_

2. SCHOOL:

Has your child been enrolled in a Chapter I program or any other Special Education classes? (If so, please tell us the name of your child's counselor.) \_\_\_\_\_  
\_\_\_\_\_

3. HEALTH:

Is your child on any special medication? (If so, what kind and how often?) \_\_\_\_\_  
\_\_\_\_\_

Are there any other health concerns we should be aware of? (i.e. ear tubes, nosebleeds, allergies, asthma, etc.) \_\_\_\_\_  
\_\_\_\_\_

4. Any personal comments? \_\_\_\_\_  
\_\_\_\_\_

5. Please fill out the PARENT RELEASE FORM FOR ACADEMIC RECORDS below in order for us to better serve your child. Thank you for your cooperation.

\*\*\*\*\*

PARENT RELEASE FORM FOR ACADEMIC RECORDS

I hereby give Palama Settlement my permission to obtain \_\_\_\_\_  
(child's full name)

(my son/daughter's) academic school records from \_\_\_\_\_  
(School name)

on his/her performance in school as well as any previous school records that will be necessary for us to support our child in the Pakolea Program.

\_\_\_\_\_  
Parent/Guardian's Printed Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date



# PAKOLEA PROGRAM

Engaging youth in positive character development, success in academics, and improvement in overall social-emotional functioning through sports participation and supportive guidance.

## ATHLETICS

Developing football, basketball, volleyball, and other sports strategies, including safety, sportsmanship, and rules and regulations of the game

### Our Goals Together:

**Students** will be physically and mentally ready to participate in competitive sports by making healthy lifestyle choices and mastering the game and sportsmanlike conduct.

**Coaches** will be the team leaders by engaging students and families and promoting safety, positive coaching, and enforcing the rules of the game.

**Families** will be team fans by encouraging regular attendance to practices and games and will abide by the Pakolea Program Parent/Guardian Code of Conduct.

## ATTITUDE

Establishing self-empowerment, discipline, and respect through behavior modification that connects sports with real-life social skills.

### Our Goals Together:

**Students** will be positive representatives of the team, their families, and the Pakolea Program by displaying respect, responsibility, and self-discipline both on and off the field.

**Coaches** will be role models for students and families by teaching and displaying a positive attitude.

**Families** will be examples of the program's philosophy by ensuring the development of positive interactions and encouragement of both athletic and academic success.

## ACADEMICS

Highlighting the importance of academic success and preparing youth for the real life of a student-athlete, which includes a discipline in school and post-high school readiness.

### Our Goals Together:

**Students** will be scholar-athletes by participating in Academic Center and understanding the importance of balancing education with sports.

**Coaches** will be supportive of the Academic Center by ensuring students acknowledge the importance of academics as a student-athlete.

**Families** will be a part of the team by promoting academic excellence and participation in the Academic Center.

**Students, Coaches, and Families ARE the TEAM, and we are ALL responsible for the success of the Pakolea Program!**