

**Program:** \_\_\_\_\_

**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><u>Father/Legal Guardian</u></b> _____		Home Phone _____
If Legal Guardian, please list relationship to Participant _____		Mobile Phone _____
Address _____		Work Phone _____
Employer _____		eMail _____
<b><u>Mother/Legal Guardian</u></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.		
<p><i>If you are a housing resident, indicate where:</i></p> <input type="checkbox"/> Mayor Wright <input type="checkbox"/> Kaahumanu <input type="checkbox"/> KPT <input type="checkbox"/> Kamehameha <input type="checkbox"/> Kukui Gardens <input type="checkbox"/> Kauluwela I <input type="checkbox"/> Kauluwela III <input type="checkbox"/> Kalihi Valley <input type="checkbox"/> Puahala Other: _____	<p><i>Ethnic Background</i></p> <input type="checkbox"/> African Am. <input type="checkbox"/> Amer. Indian <input type="checkbox"/> Caucasian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hawaiian <input type="checkbox"/> Hispanic <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Micronesian <input type="checkbox"/> Part Haw'n <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese/Laotian <input type="checkbox"/> Other Pacific Islander	<p><i>Annual Household Income Level</i></p> <input type="checkbox"/> Below \$21,960 <input type="checkbox"/> Below \$27,450 <input type="checkbox"/> Below \$40,626 <input type="checkbox"/> Below \$43,920 <input type="checkbox"/> 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\_\_.