

**Program (s):** \_\_\_\_\_ **Registration Fee:** \_\_\_\_\_

**Participant's Name** \_\_\_\_\_  
 Last Name First Name MI

**Address** \_\_\_\_\_  
 Street Name & Number City Zip Code

**Age** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Birth Date** \_\_\_\_\_ **Home/Mobile Phone No.** \_\_\_\_\_

**Email** \_\_\_\_\_ **School** \_\_\_\_\_ **Current Grade** \_\_\_\_\_

**MEDICAL INFORMATION:**

Do you have any medical condition that we should be aware of (i.e. asthma, diabetes, seizures, heart problems, allergies/food and drug allergies, etc.) Yes  No

If yes, please provide information and list any medications being taken: \_\_\_\_\_

Physician or Health Care Provider \_\_\_\_\_ Phone No. \_\_\_\_\_

**PARENT/GUARDIAN and EMERGENCY CONTACT 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 \_\_\_\_\_

***Additional Emergency Contact (Other than Parent/Legal Guardian)***

Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

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

**United Way** Palama Settlement is a member of the Aloha United Way. The following information is voluntary and allows us to provide AUW 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  
 Other: \_\_\_\_\_

***Annual Household Income Level***

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

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

**OFFICE USE ONLY:** Paid by \_\_\_\_\_ Amount Paid \_\_\_\_\_ Date \_\_\_\_\_  
 Receipt # \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_



810 N. Vineyard Boulevard  
Honolulu, HI 96817

Phone: (808) 845-3945  
Fax: (808) 847-2873

### WAIVER AND RELEASE OF LIABILITY

I, the 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

Today's Date: \_\_\_\_\_

\* \* \* \* \*

### CONSENT AND RELEASE FOR ACADEMIC RECORDS

I, the parent and/or legal guardian of \_\_\_\_\_, hereby give my consent to have my child's education record disclosed to Palama Settlement and its designated representative.

\_\_\_\_\_  
Parent/Legal Guardian (Please Print)

\_\_\_\_\_  
Signature

Today's Date: \_\_\_\_\_