

# SENIOR REGISTRATION FORM

**Program Name:** Spring 2024 (January 8-May 24) **Registration Fee:** \_\_\_\_\_

<b>Participant's Name:</b>	
<b>Address:</b>	
<b>Home Phone Number:</b>	
<b>Cell Phone Number:</b>	
<b>Email Address:</b>	
<b>Birthdate:</b>	

**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 <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide information and list any medications being taken: _____		
Physician or Health Care Provider _____	Phone No. _____	
Medical Insurance Carrier: _____	Policy Number: _____	


**EMERGENCY CONTACT INFORMATION:**

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)
<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 _____

 Aloha United Way	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: <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 style="text-align: center;"><u>Ethnic Background</u></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 Other: _____	<p style="text-align: center;"><u>Annual Household Income Level</u></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

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

<b>OFFICE USE ONLY:</b>	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 adult applicant 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.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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



## MEDIA RELEASE FORM

I, hereby grant permission to Pālama Settlement, a Hawai‘i non-profit corporation (“Grantee”), to use and permit the use of for any purpose, my name, image, in video, still, or other format, and the likeness and sound of my voice as recorded on audio, video or other forms of media (collectively, the “Materials”), across any and all formats and without payment or any other consideration to me. I fully and voluntarily understand that the Materials may be edited, copied, exhibited, published, or distributed, at the discretion of Grantee, and waive the right to inspect the Materials prior to Grantee’s use thereof. Additionally, I waive any right to royalties or other compensation arising or related to the use of the Materials. I also understand and acknowledge that the Materials may be used in diverse commercial, charitable, educational, and other settings within an unrestricted time period and geographic area.

The Materials may be used for ANY USE OR PURPOSE which may include but is not limited to: (i) presentations; (ii) courses; (iii) online/internet videos; (iv) advertisements/promotions; (v) news releases; (vi) oral histories; and (vii) archives.

I hereby release Grantee, all of Grantee’s representatives, employees, managers, members, officers, directors parent companies, subsidiaries, sponsors, and agents, from all claims and demands arising out of or in connection with any use or exploitation of the Materials, including, without limitation, all claims for invasion of privacy, infringement of my right of publicity, defamation and any other personal and/or property rights.

The validity of this Media Release Form shall not expire and there is no geographic limitation on where the Materials may be distributed.

In case any one or more of the provisions contained in this Media Release Form shall become invalid, illegal or unenforceable in any respect, the validity, legality and enforceability of the remaining provisions contained herein shall not in any way be affected or impaired thereby and shall remain in full force and effect.

By signing this Media Release Form, I acknowledge that I have completely read and fully understand all of the provisions herein and completely and voluntarily agree to be bound by all of such provisions.

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## What class(es) would you like to sign up for?

✓	Name of Program	Meeting Day & Instructor(s)	Location
	<b>Aqua Aerobics</b> (Limit 25) <i>(No experience needed)</i>	Monday, Wednesday, and Friday 10am-11am with Mike	Pool
	<b>Pre-Beginner Line Dance</b> <i>(No experience needed)</i>	Tuesday 8:30am-9am with Pam	Large Court
	<b>Beginner Line Dance 1</b> <i>(No experience needed)</i>	Tuesday, 9am-11am with Mi Wan & Pam Thursday, 9am-11am with Mi Wan & Aurie	Large Court
	<b>Beginner Line Dance 2</b> <i>(1year experience of Beginner 1 recommended)</i>	Monday 9am-11am with Aurie & Pam	Large Court
	<b>Intermediate Line Dance A</b> <i>(Some experience required)</i>	Monday and Thursday 9am-11am with Yvonne, Ann & Kats	Small Court
	<b>Intermediate Line Dance B</b> <i>(Some experience required)</i>	Tuesday and Friday 9am-11am with Rae & Tisha	Small Court
	<b>Sewing</b> Freestyle, to create projects of choice with assistance from experts <i>(No experience needed)</i>	Tuesday and Thursday 9am-11:30am with Jade	Dining Hall
	<b>Tai Chi</b>	Monday and Friday 8am-10:30am with Amy	Outdoor Basketball Court
	<b>Tai Chi</b>	Tuesday 8am-10:30am with April	Outdoor Basketball Court
	<b>Yoga</b>	Tuesday, 11:30am-1pm, Wednesday, 12:30pm-1:30pm, Friday, 9:30am-11am with Carol	Multipurpose Room
	<b>Chair Yoga</b> <i>Additional Cost: \$3 / Class Day</i>	Monday, 10am-11am Thursday, 9am-10am <i>Start Date: 01/22/2024 with Debbie</i>	Dining Hall
	<b>Senior Fitness (NEW CLASS)</b> <i>Additional Cost: \$3 / Class Day</i>	Wednesday 10am-11am with Debbie <i>Start Date: 01/17/2024</i>	Dining Hall
	<b>Zumba Gold</b> <i>Additional Cost: \$3 / Class Day</i>	Friday 9am-10am with Debbie <i>Start Date: 01/19/2024</i>	Dining Hall
	<b>* Beginning Watercolor</b> (Minimum 8 / Limit 12) <i>Additional Cost: \$30</i>	Wednesday 8:30am-10am with Dawn	Higashino/Admin Bldg. Room 206
	<b>* Continuing Watercolor</b> (Minimum 8 / Limit 12) <i>(Some experience required)</i> <i>Additional Cost: \$30</i>	Wednesday 10:30am-12pm with Dawn	Hybrid(In-person every 4 <sup>th</sup> week) In-person Location: Higashino/Admin Bldg. Room 206
	<b>* Art Journal</b> (Minimum 8 / Limit 12) <i>Additional Cost: \$30</i>	Thursday 8:45am-10am with Dawn	Higashino/Admin Bldg. Room 206

\* Art Classes are contingent upon sufficient enrollment. *Additional registration fee will be refunded if class(es) are to be cancelled.*