

Please fill out one form for each child.

Participant Information

Participant's first name:	
Participant's last name:	
Participant's age:	
Participant's grade:	
Participant's birthday:	
Primary phone number:	
Email:	
Home Address:	
School Name:	
Physician Name:	
Physician Phone number:	
Medical Insurance Carrier:	
Policy/Membership Number:	

Does the participant have any medical conditions that we should be aware of? (I.e. Asthma, Diabetes, Seizures, Heart Problems, Food allergies, drug allergies etc)

YES

NO

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

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Emergency Contact Information

Emergency Contact Name (For minors, please list a contact other than parent/legal guardian)	
Emergency Contact Home Phone number	
Emergency Contact Work Phone Number	
Emergency Contact Cell Phone Number	
Emergency Contact Relationship (ie. uncle, grandma)	

Household Information

Total number of family members in your household?	
Name/Relationship of person in household	If that person is a sibling, are they participating in any Palama programs? If so, please list what program below:

Parent/Guardian Information

Father/Legal Guardian Name (if legal guardian, please also list relationship to participants)	
Father/Legal Guardian Home Phone Number	
Father/Legal Guardian Work Phone Number:	
Father/Legal Guardian Cell Phone Number:	
Father/Legal Guardian Email:	
Father/Legal Guardian Home Address:	
Father/Legal Guardian Employer:	
Mother/Legal Guardian Name (if legal guardian, please also list relationship to participants)	
Mother/Legal Guardian Home Phone Number	
Mother/Legal Guardian Work Phone Number:	
Mother/Legal Guardian Cell Phone Number:	
Mother/Legal Guardian Email:	
Mother/Legal Guardian Home Address:	
Mother/Legal Guardian Employer:	

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.	
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 your child in the Pakolea Program.	
Parent/Guardian's Printed Name	
Father/Legal Guardian Employer:	
Parent/Guardian's Signature	
Date	

Optional Information

Palama Settlement is a member of Aloha United Way. The following is voluntary and allows us to provide AUW with accurate information. If you are a housing resident, please indicate where:

Mayor Wright	Ka'ahumanu	KPT	Kamehameha	Kukui Gardens
Kauluwela I	Kauluwela III	Kalihi Valley	Puahala	Other:

Ethnic Background:

African American	American Indian	Caucasian	Chinese	Filipino	Hawaiian	Hispanic	Japanese
Korean	Micronesia	Part Hawaiian	Samoa	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
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How did you hear about this program?

Flyer	Friend	Website	Facebook/Twitter	Email	Other:
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What class(es) would you like to sign up your child for?

Name of Program	Age range	Meeting Day
<input type="checkbox"/> Tackle Football (free)	No experience needed, 12 and up no weight limit	Mon-Friday, Saturday games, 4pm practice
<input type="checkbox"/> Flag Football	No experience needed, 6-7, 8-10 years old	Tues- Thurs, Games TBA, 4:30pm
<input type="checkbox"/> Volleyball PAL (free)	No experience needed, 10- 18 years old	Mon-Friday, Saturday games, 4pm practice
<input type="checkbox"/> Club Volleyball	This is a select team. 13- 18 years old	Mon-Friday, Saturday games, 4pm practice
<input type="checkbox"/> Basketball PAL (free)	No experience needed, 7 - 18 years old	Mon-Friday, Saturday games, 4pm practice
<input type="checkbox"/> NJB Basketball (free)	This is a select team. 13- 18 years old	Mon-Friday, Saturday games, 4pm practice
<input type="checkbox"/> Late Night Basketball	11-15 Junior, 15-18 Seniors	Game Wednesdays Practices 4pm
<input type="checkbox"/> Aquatics <i>Contact Information: Mike Claus Office: (808)848-2523 Email: mclaus@palamasettlement.org</i>	<input type="checkbox"/> Parent-Tot Swim Class (\$24 - \$30) <input type="checkbox"/> Preschool Swim Class: Level 1-3 (\$32 - \$40) <input type="checkbox"/> Youth Swim Class: Level 1-3 (\$32 - \$40) <input type="checkbox"/> Youth Swim Class: Level 4 - 6 (\$32 - \$40) <input type="checkbox"/> Adult Classes <input type="checkbox"/> Private Lessons <input type="checkbox"/> Open Swim (free)	Classes are offered twice a week: Monday & Wednesday or Tuesday & Thursday
<input type="checkbox"/> Drownproofing	TBA	TBA



Waiver and Release of Liability Form

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 Signature: _____

Printed Name: _____

Today's Date: _____



Media Release Form

I, _____, hereby grant permission to Palama Settlement, a Hawaii 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 _____

Street Address/P.O. Box _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Email Address _____

Signature _____ Date _____

If this release is obtained from a presenter under the age of 18, then the signature of that presenter’s parent or legal guardian is also required below.

Signature _____ Date _____