



# Kipahulu Makai Exploration Day!

## Registration Form

Kipahulu Ohana, Inc, PO Box 454, Hana, HI 96713

www.kipahulu.org

Spring Break - Wednesday, March 21

### Keiki

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Male \_\_ Female \_\_

School Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as of June 30, 2017) \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Child's Home Phone \_\_\_\_\_

### Makua/Guardian - Contact Information

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mom's phone \_\_\_\_\_ Dad's Phone \_\_\_\_\_

### Emergency Contact Information – Alternate Pickup/Release

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation to child \_\_\_\_\_

### Medical and Insurance Information

Policy Number \_\_\_\_\_ Name of Health Insurance Provider \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

### **Terms of Agreement**

#### **Photo Release**

I hereby give permission for my child to be photographed during the Makai Day. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed.

Parent's/Guardian's Initials \_\_\_\_\_

The Kipahulu Ohana is not responsible for lost or damaged personal property. I understand that I will be notified in the case of a medical emergency involving my child. In the event I cannot be reached I authorized my child to be treated by Certified Emergency Personnel.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

### **Please circle how you heard about the Farm Day.**

After School Program    Website    Facebook    School    Word of Mouth    Flyer    Other \_\_\_\_\_

Received: \_\_\_\_\_  
Group: \_\_\_\_\_