



Kipahulu Makai Exploration Days!

Registration Form

Kipahulu Ohana, Inc, PO Box 454, Hana, HI 96713
 www.kipahulu.org

Winter Break - Thursdays, December 27 & January 3

Please check the box for each day keiki will be attending: Dec. 27 Jan. 3

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 Makai Day.

After School Program Website Facebook School Word of Mouth Flyer Other _____

Received: _____
 Group: _____