



Hawaiian Kamali'i, Inc. dba Hawaiian Canoe Club

Kamali'i Pō'alima Program Enrollment Form

Keiki Information

First Name _____ Last Name _____

Check one: Male Female Email address _____

Home Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Birth date _____ (mm/dd/yyyy)

School attending for 2009-2010: _____ Grade _____

Has the keiki participated in the Kamali'i Program before? Yes No

If yes, how many years has keiki participated in the Kamali'i Program _____

Ethnicity (check all that apply)

- Caucasian Hawaiian Japanese Chinese Korean Filipino Other Asian
 Hispanic African American American Indian Samoan Tongan
 Other Pacific Islander _____ Other _____

Citizenship

- U.S. Citizen Other _____

Annual Family Income

- Under \$12,000 \$12,001 - \$25,000 \$25,001 - \$45,000 over \$45,000

With whom does the child live with?

- Parent(s) Grandparent(s) Other Family Foster Parent(s) Other _____

Does the keiki cope with any of the following? If yes, attach necessary details on a separate sheet.

- A current illness A disability/chronic illness An allergic condition
 Asthma (include asthma plan) Attention deficit disorder (ADD/ADHD)
 Behavioral problems Diabetes Epilepsy
 Sleep walking Skin condition

Please identify any conditions, needs, or requirements not listed above _____

Please complete the back of this form

Parent/Guardian Information

Primary Guardian Name _____ Relationship _____

Phone (H) _____ (W) _____ (C) _____

Home Address _____ City _____ State _____ Zip _____

Email Address _____

Employer _____ Position _____

Secondary Guardian Name _____ Relationship _____

Phone (H) _____ (W) _____ (C) _____

Home Address _____ City _____ State _____ Zip _____

Email Address _____

Employer _____ Position _____

Emergency Contact (other than parents/guardians)

Primary

Name _____ Relationship _____ Phone _____

Secondary

Name _____ Relationship _____ Phone _____

Risk Waiver and Media Consent

a) I agree to my keiki’s attendance at the Kamali‘i Pō‘alima Program. In the case of an emergency, I authorize the program staff, where it is impracticable to communicate with me, to arrange for my keiki to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and drugs while my keiki is enrolled with the program. I understand that although Kamali‘i Pō‘alima Program and its service providers attempt to minimize any risk of personal injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken as part of this program, and

b) Please check:

I consent / I do not consent to allow Kamali‘i Pō‘alima Program and its service providers to use my keiki’s name and any photographs, sound, and film recordings taken of my keiki at this program for the promotion of Kamali‘i Pō‘alima Program in the media and to the general public.

Print full name _____ Signature _____