



Hawaiian Kamali'i, Inc. dba Hawaiian Canoe Club  
2017 Keiki Enrollment Form

**Keiki Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Check one:  Male  Female Email address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Birth date \_\_\_\_\_ (mm/dd/yyyy) Age: \_\_\_\_\_

School attending for 2017-2018: \_\_\_\_\_ 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  Asian  Hispanic  Pacific Islander  
 African American  American Indian  Other \_\_\_\_\_

*Annual Family Income*

- Under \$12,000  \$12,001 - \$25,000  \$25,001 - \$44,000  \$44,001-\$60,000  \$60,001+

*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 and/or care plan.*

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

Please identify any conditions, needs, or requirements not listed above including medications:

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Primary Care Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Please complete the back of this form

**Parent/Guardian Information**

Primary Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary phone \_\_\_\_\_ Secondary phone \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Secondary Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary phone \_\_\_\_\_ Secondary phone \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

**How can you kōkua? (Please check at least 1)**

- Registration                       Fundraising                       Hale Repair/Maintenance
- 'Aha 'Aina                               Food/Supply Donation                       John M & Kealoha Lake Regatta

**Emergency Contact (other than parents/guardians)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Risk Waiver, Basic First Aid and Media Consent**

a) I agree to my keiki's attendance at the Hawaiian Kamali'i 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 Hawaiian Kamali'i 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,

b) Please check:  
 I consent /  I do not consent for those members of the staff of Hawaiian Kamali'i who have been trained in First Aid and/or CPR to administer Basic First Aid assistance to my child as necessary for injuries/illnesses that have occurred during or prior to their attending the program. First Aid administered may include the application of common over-the-counter topical ointments, such as bug spray, antibiotic ointments, lotions, creams, sunscreen, antiseptic wipes, etc.

c) Please check:  
 I consent /  I do not consent to allow Hawaiian Kamali'i 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 Hawaiian Kamali'i Inc. dba Hawaiian Canoe Club.

Print full name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_