



Hawaiian Kamali'i, Inc. dba Hawaiian Canoe Club
2018 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:

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 _____