



# Hawaii Academy Winter Break Day Camp 2016 Registration

For Office Use Only  
Last \_\_\_\_\_  
First \_\_\_\_\_  
MI \_\_\_\_\_  
Grade \_\_\_\_\_  
ID \_\_\_\_\_  
Age \_\_\_\_\_

## Student Information

(PLEASE PRINT LEGIBLY)

Applicants Legal Name \_\_\_\_\_ Sex \_\_\_\_\_  
Last First Middle

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Dec31 Age \_\_\_\_ Grade Fall 2016 \_\_\_\_ School \_\_\_\_\_

Hawaii Academy (HA) Member: Yes No

How did you hear about our Winter Camp? \_\_\_\_\_

Father / Guardian Name \_\_\_\_\_  
Mother / Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Father's Daytime Phone \_\_\_\_\_  
Father's Cellular/Pager \_\_\_\_\_  
Mother's Daytime Phone \_\_\_\_\_  
Mother's Cellular/Pager \_\_\_\_\_  
Secondary Contact Phone \_\_\_\_\_

## Program Duration

My child will attend:  Full Camp  Dec 22 & 23  Dec 26-30  Jan 2-6  Other \_\_\_\_\_  
 Full Day (7:30a-5:30p)  Half Day (7:30a-noon)  Half Day (1:00-5:30p)

## Emergency and Medical Information

In the case of an Emergency contact Mr/Ms/Dr \_\_\_\_\_  
Last Name First Name

Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ or (\_\_\_\_) \_\_\_\_\_

Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Year of Last Tetanus Booster \_\_\_\_\_

Check here if you do not have a preferred physician and hospital. In the case of an emergency HA will refer your child to the nearest hospital emergency room or urgent care center for the fastest service.

We have a Medical Insurance Plan:  Yes  No

Subscriber's Name \_\_\_\_\_ Subscriber/Membership Number \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Group No. \_\_\_\_\_ Plan No. \_\_\_\_\_

*If you are unclear what information to record, please send us a copy of your medical card.*

Any Physical, Mental, or Emotional Challenges we should know of in order to improve the service offered \_\_\_\_\_

Allergies to (food/ medication/ proteins/ etc.) \_\_\_\_\_

List of Medications, including over the counter medication student needs to use.

Label Name Time and method of administration Dosage

Label Name Time and method of administration Dosage

Check if you want HA to administer your child's medication during his/her attendance.

***I have read this entire form, including the Informed Consent, Assumption of Risk, Release of Claims, and Indemnification Form for the activity indicated on the back page and know the content thereof.***

Print Mother's/ Legal Guardian's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Father's/ Legal Guardian's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**If you are the legal Guardian or Foster Parent, please send a copy of guardianship or other legal documentation.**

**-- Continued on Back of This Page --**

## Informed Consent and Assumption of Risks

**Hawaii Academy** (HA) provides a wide variety of activities and programs for persons of all ages in a safe and pleasant environment. However, there are certain inherent risks in almost every activity. It is your responsibility to assess your child/ren's maturity and fitness, and determine for yourself if the risks associated with this activity are acceptable to you. While we sincerely hope that every participant enjoys an injury-free activity, by your signing this form, you assume all risks associated with the activity for which you have registered. Please ask any questions of the instructor or program administrators that you may need to make a fully informed decision to participate.

In consideration of my participating, I hereby release and covenant not-to-sue Hawaii Academy, Inc., the Hawaii Academy Board of Directors and officers, the HA Booster Club, and any of their employees, teachers, coaches, or agents, from any and all present and future claims resulting from ordinary negligence on the part of Hawaii Academy or others listed for property damage, personal injury, or wrongful death, arising as, a result of my engaging in or receiving instruction in gymnastics, trampoline, tumbling, cheerleading, or any other activities or any activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns.

Further, I am aware that HA activities, like gymnastics and trampolining, are vigorous sporting endeavors involving height and rotation in a unique environment and as such they pose a risk of injury. I understand that gymnastics and related activities always involve certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs, and that the mats, pits, and other safety equipment and apparatus provided for my protection, including the active participation of a coach or teacher who will spot or assist in the performance of certain skills, maybe inadequate to prevent serious injury. The risk of harm may be limited by all of the safety equipment and trained coaches, but *never* eliminated. I understand that participation in gymnastics and related activities involves many actions incidental to active participation, including moving from event to event, conditioning, stretching and other activities that may leave me vulnerable to the reckless actions of other participants who may not have complete control over their actions or who may not see me or other students in the gym. I am voluntarily participating in this activity with knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.

In addition, all sports require a level of fitness and health that only your physician can determine you or your child possesses. [*We strongly urge that you obtain medical advice as to whether participation in this activity is appropriate.*] Many undetected or chronic conditions such as cardiac disease or high blood pressure may be worsened by participation in strenuous physical activities.

## Release of All Claims and Indemnification

**HAWAII ACADEMY IS NOT RESPONSIBLE FOR LOSS OF PROPERTY OR INJURY TO ANY PERSON WHILE PRACTICING, TRAINING, TAKING A CLASS, COMPETING, PARTICIPATING IN OPEN GYM OR SPECIAL EVENTS (E.G., DEMONSTRATIONS, EXHIBITIONS, SHOW), OR FOR ANY REASON.**

As additional consideration for permission to participate in Academy activities, I agree to indemnify, save and hold harmless Hawaii Academy, its agents, employees, and officers from any and all deaths, injuries, losses and damages to persons or property, and any and all claims, demands, suits, actions and liability there-fore, caused by the participant's participation in any Academy activities.

I further agree to indemnify and hold harmless Hawaii Academy and all others listed for any and all claims arising as a result of my engaging in or receiving instruction in HA activities or any activities incidental thereto, whenever, wherever, or however the same may occur.

I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the state of Hawaii and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be within the state of Hawaii.

## Consent For Emergency Treatment

In the event of an emergency (disaster, injury or illness), I authorize *Hawaii Academy* instructors and/or agents to seek medical attention for my child/ren, as they deem necessary, and authorize treatment, if I (or others listed on this form) cannot be reached. Personal medical insurance is required of all students participating in HA classes and I verify that coverage is adequate and current. Further, I agree to pay whatever expenses are not covered by our insurance policy such that the individual acting to obtain prompt medical attention is not obligated to pay for such services.

## Financial Agreement

After registering, I agree to pay the tuition of the chosen program for my child/ren. The deposit will not be refunded in the event that I withdraw from the program. All other payments can be refunded up to the date the program starts. Refund policy: 100% of tuition up to two weeks before the program starts (less deposit), 50% up to one week before the program starts (less deposit), and 25% up until the day the program starts (less deposit). The client agrees to pay the customary charges incurred for services rendered to the student. Should the client's account be referred to an attorney for collection, the client shall pay reasonable attorney's fees and collection expenses. All returned checks shall be charged a \$20.00 service fee (1990 Rev. Ordinances of Honolulu, Sec. 2-4.2; Ordinance 95--09).

## Consent to Photograph, Media Release, and Release of Information

Digital photographs (individual portraits and group action shots) are taken of nearly all HA students. I hereby give Hawaii Academy permission to use such pictures/images in public displays and media releases (e.g., yearbook, web page, bulletin boards, newsletters, programs, brochures, and public broadcasting releases). [The person shown in the photograph may request copies of their images at any time.]

I hereby give permission for HA to allow the news media to film and photograph program activities provided: (1) It is for news and non-commercial purposes; (2) The program director determines that the filming, etc., will not unduly interfere with or disturb the programs; and (3) Individual children are not singled out for demonstrating, photography, or interview purposes against their wishes. Also, I hereby give permission for fitness profile data gathered on my child/ren to be included in the Hawaii Longitudinal Study of Fitness and other research under the supervision of Dr Max Vercruyssen or Dr Donna Mah.

*Thank you for your cooperation, support, and enthusiastic participation.*

## For Office Use Only

Registered: Date \_\_\_\_\_/Initials \_\_\_\_\_

- Registration form completed
- Received all necessary documentations
- Received full Tuition Payment
- Student Enrichments Courses:
- Student requires HA to administer meds
- Other: \_\_\_\_\_
- Photo Identification
- Monday Tuesday Wednesday Thursday
- \_\_\_\_\_
- \_\_\_\_\_