

Hawaii Academy

Honolulu: 1314 Moonui Street, Honolulu, HI 96817 USA
 www.hawaiiacademy.com
 info@hawaiiacademy.com
 Phone: 808.842.5642; Fax: 808.841.2564
Pearl Harbor: Youth Fitness Bldg 1680, JBPHH, HI 96853
 military@hawaiiacademy.com
 Phone: 808.422.2223
Waipahu: 94-230 Leokane Street, Waipahu, HI 96797
 Phone: 808.676.2222

2019 REGISTRATION FORM

Location: ___ Honolulu ___ Pearl Harbor ___ Waipahu ___ Other Class: _____ Day: _____ Time: _____ Free Trial Date: _____ Trial Follow-up: <i>Initial Date</i> _____ _____ _____	Registration Date: _____ Info: ___ Calendar: ___ T-Shirt: ___ Photo: ___ Fitness Test: _____ Bring-a-Friend Credit To: _____ _____ _____
--	--

STUDENT INFORMATION [Participant / Parent-Helper-Aid / Volunteer]

Student Name	Age	Sex	Date of Birth
Interest	School/Work/Occupation		Grade/Level
Previous Experience	T-shirt size (preshrunk cotton): Child XS S M L ; Adult S M L XL 2XL		
Special Instructions/Comments	Military (or Dependent): Yes No		
Student Email	Student Phone		

BILLING INFORMATION (client is the guardian or person responsible for payments; REQUIRED)

Client Name	Relationship	Work/Occupation	Employer/Business
Address	City	State	Zip
1st Phone (Home, MWork, FWork, MCell, FCell...)	2nd Phone (Home, MWork, FWork, MCell, FCell...)		
Fax	3rd Phone (Home, MWork, FWork, MCell, FCell...)		
Primary Email	Secondary Email		
Website	Other		

How did you learn about us? HA Web Site (Internet Search) Yellow Pages HA Birthday Party Building Sign

Magazine (Hawaii Parent, Military Guide) HA FUN Night Vinyl Banner Television HA Brochure Homeschool

Friend (Name) _____ Coach/Instructor (Name) _____ Exhibition/Demonstration _____ Coupon

Honolulu Family Magazine Japanese Magazine (Name) _____ Newspaper HA Clinic/Workshop/Seminar

School _____ Other Advertisement _____ Car Magnetic Door Sign Other _____

MEDICAL AND EMERGENCY INFORMATION (Personal Medical Insurance is Required)

Physical/Mental Handicaps/Challenges: _____

Medical Conditions: _____

Other information the HA Directors should know: _____

Emergency Contact Information and Instructions (action to be taken if you or your child cannot communicate)

Contact Name	Phone(s)	Relationship
Physician	Phone	Hospital Preference
Insurance Provider		
Emergency Instructions: _____		

IMPORTANT:

Please read the information on the back of this page and sign at the bottom.

YOUR SIGNATURE IS REQUIRED TO COMPLETE THIS REGISTRATION

2019 INFORMED CONSENT, PERMISSION, AND RELEASE FORM FOR (STUDENT/PARTICIPANT): _____

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. I assume responsibility to assess my (my child's) maturity and fitness, and to determine for myself if the risks associated with this activity are acceptable. While HA sincerely hopes that every participant enjoys an injury-free activity, by signing this form, I assume all risks associated with the activity for which I have registered. I will ask questions of the gym manager or instructor as needed to make a fully informed decision to participate.

In consideration of my participation, 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, trampolining, tumbling, fitness, 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, may be 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. *I agree to obtain medical advice as to whether participation in this activity is appropriate if I cannot make this decision myself.* 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 special events (e.g., demonstrations, exhibitions, show), observing activities, 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 therefore, caused by the participant's participation in any Academy activities, or travel to and from such events. 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. Again, I understand that it is the express intent of all HA employees and volunteers to provide for the safety and protection students and visitors and, in consideration for allowing me (my family) to use these facilities, I hereby **COVENANT NOT TO SUE** and **FOREVER RELEASE** this facility, affiliated and partner companies and organizations, property owners and lessors, staff, contractors, subcontractors, teachers, coaches, owners, directors and other members involved in this facility's program(s), from all liability and for any and all damages and injuries suffered by me (us) during instruction, supervision, and/or control during any and all classes or extra activities.

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 me/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 be responsible for payment of rendered treatment, regardless of insurance coverage even in locations where responsibility is assumed by the person authorizing treatment.

Financial Agreement

I represent and warrant that if I am purchasing something or paying for a service from HA or from other merchants through HA that (i) any credit card or bank account draft (ACH Draft) information I supply is true and complete, (ii) charges incurred by me will be honored by my credit card company or financial institution, and (iii) I will pay the charges incurred by me at the posted prices, including any applicable taxes, fees, and penalties. I hereby authorize (if online payment is made or autopay information is provided) HA to charge my ACH draft, or credit card account. Should I dispute a charge through my financial institution this will constitute a breach of contract possibly resulting in, but not limited to, penalties, additional fees, collection, legal action, and/or termination of any and/or all current and future services. After enrolling, I agree to pay **annual fees** (\$60/yr; start-up prorated at \$5/months remaining in year) and monthly tuition until giving **written notice of discontinuance (two-weeks in advance of withdrawal)**. Members are obligated to pay tuition continuously until giving two-weeks notice that they are stopping. When taking vacation, please either (1) notify HA of your withdrawal, (2) pay 1/2 to reserve a spot on the roll sheets, or (3) pay full tuition and make-up allowable missing classes. **Tuition payments are due BEFORE the first day of each month.** Paying on the second day of the month requires an additional \$25 late fee. Those students not paid by the end of the second class are dropped from the roll sheet and a wait listed student is invited to take the absent student's spot beginning the third week. Clients are responsible for paying for two weeks of classes if they fail to communicate their discontinuation (i.e., a client asks to retroactively stop attending classes). 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. **Make-ups** (only one per month for each student per each class enrollment per week) and **Trial Lessons** are only allowed in classes with seven or fewer students, require scheduling in advance, and only in classes for which the student is qualified. **Drop procedure:** The client must notify HA to drop a student from a class (discontinuation) and autopay charges. Only a written notice via email, regular postal mail, fax, or hand delivered to the front desk is acceptable. Remember: The client is responsible for tuition payment whether or not the student attends class until notice of discontinuation is processed. If the student stops attending and a notice of discontinuation is not received the client is responsible for unpaid tuition through the current session. 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 and Information Release

Digital photographs (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 student activities provided: (1) It is for news or HA promotional purposes; (2) The Academy director or president determines that the filming, etc., will not unduly interfere with or disturb classes or events, is safe, noninvasive, and appropriate; and (3) Individuals are not singled out for demonstrating, photography, or interview purposes against their wishes. I hereby give permission for fitness profile and other scientific data gathered on me or my child(ren) to be included in Hawaii Longitudinal Study of Fitness and other research under the supervision of Max Verduyssen PhD and Donna Mah MD. Special informed consent forms will be used whenever research is NOT under the direct supervision of Drs Verduyssen and Mah, HA directors, and/or research principal investigators.

Warning to Parents/Adults

Adults assisting students in Academy facilities, remote locations, and in transit assume responsibility for any injury they receive while demonstrating or assisting their children or other students in classes. **Warning:** Adults should NOT engage in activities for which they are not prepared. We encourage parents/adults to assist in whatever way they can, and we expect that students practice between lessons on whatever skills can be safely done at home, but we caution the adults about over-doing their activities and invite them to take adult classes. Parents in adult-child classes and at events like birthday parties are at high risk of injury if they demonstrate skills to their children. Please refrain if not fit/prepared to do so. Further, all parents/adults going on the floor or apparatus to assist in classes or special events MUST sign their own copy of this form before participating. The form only (no payment) is required for adult-child, special needs, and other such classes, as well as special events in which they are volunteering. The form and tuition payment for the parent is required for special events (e.g. birthday parties, fun nights, preschool extra practice) and all cases where parents are receiving instruction and participating in classes. Adult-child and preschool students must be supervised by a parent/guardian/designated caregiver while attending classes.

Other Information

Attire: Students may wear T-shirts and shorts or leotards. Shirts/tops are required but one's midriff and arms may be exposed. Jewelry should not be worn while participating for reason of safety and security (e.g., necklaces and ear rings can get caught on the trampoline beds; rings will damage wood coverings; it is best to not bring jewelry to classes). HA is not responsible for lost items. **Pierced body parts** should be covered. **Hair** should be pulled neatly and securely away from the face so that it stays up for the entire workout (use hair bands and avoid large bows and ornaments). All students should have activity-appropriate **footwear** during class (i.e., socks or gym shoes on most surfaces; bare feet or gym shoes on the black polypropylene beds). Mark personal items with the student's name. **Arrival/Departure:** Be sure your student arrives about five minutes before his/her scheduled class time and is picked up about five minutes following the class. **Please drive slowly and carefully.**

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

Required Signed Agreement of Client / Student / Participant / Person Volunteering:

I have read this Informed Consent, Assumption of Risk, Release of Claims, and Indemnification Form for the activity indicated, know the content thereof, and agree to all conditions.

Participant Signature (if 18 years of age or older): _____ **Date:** _____

Parent/Guardian Signature (if participant is under 18 years of age): _____ **Date:** _____