Hawaii Academy

www.hawaiiacademy.com

Honolulu Gym: 1314 Moonui Street, Honolulu, HI 96817 USA; info@hawaiiacademy.com; +1.808.842.5642
Waipahu Gym: 94-230 Leokane Street, Waipahu; waipahu@hawaiiacademy.com; 808.676.2222

Hawaii Academy -- Honolulu and Waipahu
A Private School for Lifetime Fitness, Gymnastics, and Human Sciences For All Ages and Abilities

2027 REGISTRATION FORM

LOCATION INFORMATION

O Honolulu Gym O Waipahu Gym

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

Client Name | Relationship | Work/Occupation (for expertise search & tuition barters)

Address | City | State | Zip

1st Phone (Home, MWork, FWork, MCell, FCell...) | 2nd Phone (Home, MWork, FWork, MCell, FCell...)

To send you immediate SMS texts we need the name of your mobile phone service provider: 1st Phone | 2nd Phone

Primary Email | Secondary Email

Guardian Name | Phones | Relationship

Guardian Name | Phones | Relationship

STUDENT INFORMATION [For Each Indicate: Participant/Student (S) / Parent-Helper-Aid (A) / Volunteer (V)]

Name1 | Date of Birth | Age on 12/31 | Sex | Previous Experience
Conditions we should know about/instructions/comments:

Name2 | Date of Birth | Age on 12/31 | Sex | Previous Experience
Conditions we should know about/instructions/comments:

Name3 | Date of Birth | Age on 12/31 | Sex | Previous Experience
Conditions we should know about/instructions/comments:

Name4 | Date of Birth | Age on 12/31 | Sex | Previous Experience
Conditions we should know about/instructions/comments:

Name5 | Date of Birth | Age on 12/31 | Sex | Previous Experience
Conditions we should know about/instructions/comments:

Name6 | Date of Birth | Age on 12/31 | Sex | Previous Experience
Conditions we should know about/instructions/comments:

Name7 | Date of Birth | Age on 12/31 | Sex | Previous Experience
Conditions we should know about/instructions/comments:

Name8 | Date of Birth | Age on 12/31 | Sex | Previous Experience
Conditions we should know about/instructions/comments:

MEDICAL AND EMERGENCY INFORMATION (Personal Medical Insurance is Required)

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

Contact1 Name | Phones | Relationship

Contact2 Name | Phones | Relationship

Contact3 Name | Phones | Relationship

Hospital Preference | Insurance Provider | Physician

How did you learn about us? O HA Web Site (Internet Search) O HA Birthday Party O HA FUN Night O Building Sign
O Magazine (Hawaii Parent, Military Guide) O Friend (Name) _____ O Instructor/Coach O Other _____

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

SIGNATURE REQUIRED ON BACK TO COMPLETE THIS REGISTRATION FORM

2027 INFORMED CONSENT, PERMISSION, AND RELEASE FORM

FOR _____ (Students/Participants Names, Required)

Informed Consent and Assumption of Risks Hawaii Academy (HA) provides a wide variety of activities and programs for people of all ages in a safe educational environment. However, I acknowledge there are certain inherent risks in every activity. I assume responsibility to assess my (my child's) maturity and fitness (in relation to activities in her/his gym environment), and to determine for myself if the risks associated with this activity in the HA environment are acceptable. While HA hopes that every participant enjoys injury- and disease-free activities, 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. If COVID-type pandemic conditions return, I understand the risk of exposure and agree to comply with all gym rules, including only attending classes when free of any disease or illness that might be spread to others. I accept the risks associated with public exposure and direct contact with the instructor while learning new skills (e.g., in gymnastics students are often "spotted," touched, or guided to ensure immediate contact if safety catching is needed). In consideration of my participation, I hereby release and covenant not-to-sue Hawaii Academy, Inc., the Hawaii Academy Board of Directors and officers, 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, fitness, or any other activities or any activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive 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 sport/exercise 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, cushions, 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. All the safety equipment and trained instructors/coaches may limit the risk of harm but never eliminate it. 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 all inherent risks of property damage, personal injury, or death. [In addition, all sports require a level of fitness and health that only you and 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, shows, parties, contracted gatherings), 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 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 school, affiliated and partner companies and organizations, property owners and lessors, staff, contractors, subcontractors, teachers, coaches, owners, directors and other members involved in this school'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 (i.e., disaster, injury, or illness), I authorize Hawaii Academy personnel 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. I understand personal medical insurance is required of all students participating in HA classes/activities 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.

Consent to Photograph, Media and Information Release Digital photographs (portraits and group action shots, and videos) are taken of nearly all HA students at some time. 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 the Hawaii Longitudinal Study of Fitness and other research under the supervision of Max Vercruyssen PhD (PI) and Donna Mah MD. Special informed consent forms will be used whenever research is NOT under the direct supervision of Drs Vercruyssen and Mah, HA directors, and/or HA research principal investigators.

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 an annual fees ($60/yr/student or $240/family; start-up prorate 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 their stopping. When taking vacation, please either (1) notify HA of your withdrawal or (2) pay 1/2 to reserve a spot on the roll sheets. Tuition payments are due BEFORE the first day of each month. A $25 late fee will be assessed after the grace period shown on the Monthly Sessions and Tuition Due Dates (posted near each location office). Those students not paid by the end of the second class may be dropped from the roll sheet and a wait listed student 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 Policy: No makeups for missed classes when instructor is provided and other students attend as regularly scheduled. When scheduled classes (on HA annual and monthly session calendars) are canceled, each student affected gets ONE replacement class if class is canceled due to disaster or something beyond our control. Trial Lessons are only allowed in classes with seven or fewer students, require scheduling in advance, only in classes for which the student is qualified, and cost $15 (1hr class) and $25 (2hr class). Drop procedure: The client must notify HA to drop a student from a class (discontinue enrollment) and autopay charges. Only a written notice via email, regular postal mail, or hand delivered to the front desk is acceptable. Remember: The client is responsible for tuition payment whether 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 $30.00 service fee.

Rules and Policies **Arrival/Departure.** Students should arrive about five minutes before his/her scheduled class time and be picked up following the class. Please drive slowly and carefully. Please report any unusual activities outside our gyms to **911**. **Attire and Appearance.** 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 reasons of safety and security (e.g., necklaces and earrings can get caught on the trampoline beds; rings will damage wood surfaces; it is best not to bring jewelry to classes). 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). We recommend HA trampoline/gym shoes with nylon tops and gummy soles. **Hair** should be pulled neatly and securely away from the face so that is stays up/away for the entire class (use hair bands and avoid large bows and ornaments). **Pierced body parts** should be covered if such jewelry cannot be removed. **Items Lost in Gyms.** HA is not responsible for lost items. Mark personal items with the student's name. Check **Lost & Found** for missing items (all items donated to Salvation Army each month). **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. 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 will practice between lessons on whatever skills can be safely done at home, but we caution the adults about overdoing 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. This form (no payment) is required for toddler, 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. Toddler, adult-child, and preschool students must be supervised by a parent/guardian/designated caregiver while attending classes. **Thank you for your cooperation, support, and enthusiastic participation.**

Required Signed Agreement of Client / Student / Participant / Volunteers / Person Going on Floor:

I have read the 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:** _____