



Program: _____

Date: _____

Participant's Name _____ Sex _____

Last Name _____ First Name _____ MI _____

Age _____ Birth Date _____ Home Phone No. _____

Address _____

Street Name & Number _____ City _____ Zip Code _____

School _____ Current Grade or Completed Grade _____

MEDICAL INFORMATION:

Please list any current health problems/conditions _____

Please list any medications being taken _____

Physician _____ Phone No. _____

Medical Insurance Carrier _____ Policy/Membership No. _____

EMERGENCY CONTACT INFORMATION: (For minors, please list a contact other than parent/legal guardian)

Contact Person _____ Relationship _____

Home Phone _____ Work Phone _____ Mobile Phone _____

PARENT/GUARDIAN INFORMATION:

Father/Legal Guardian _____ Home Phone _____

If Legal Guardian, please list relationship to Participant _____

Address _____ Mobile Phone _____

Employer _____ Work Phone _____

Mother/Legal Guardian _____ Home Phone _____

If Legal Guardian, please list relationship to Participant _____

Address _____ Mobile Phone _____

Employer _____ Work Phone _____

Total number of family members in household _____ Please list by name & relationship: (List birthdate & program information for siblings only)

Name	Relationship	Birthdate	Participant in Palama programs?
_____	_____	_____	No ___ Yes -If yes, indicate program _____
_____	_____	_____	No ___ Yes
_____	_____	_____	No ___ Yes
_____	_____	_____	No ___ Yes
_____	_____	_____	No ___ Yes
_____	_____	_____	No ___ Yes

Palama Settlement is a member of the Aloha United Way. The following information is voluntary and allows us to provide AUW with accurate information.

Please indicate which complex if you are a housing resident.
 Mayor Wright Kaahumanu
 KPT Kamehameha Kukui Gardens
 Kauluwela I Kauluwela III Kalihi Valley
 Puahala (Lanakila)
Other: _____

Ethnic Background
 African Am. Amer. Indian Caucasian
 Chinese Filipino Hawaiian
 Hispanic Japanese Korean
 Pac. Islander Part Haw'n Samoan
 Vietnamese/Laotian Tongan
Other: _____

Income Level (Father)
 Below \$18,406 Below \$29,799
 Below \$47,679 Above \$47,680

Income Level (Mother)
 Below \$18,406 Below \$29,799
 Below \$47,679 Above \$47,680

OFFICE USE ONLY: Paid by _____ Amount Paid _____ Date _____
Receipt # _____ Check # _____ Cash _____



**PALAMA SETTLEMENT
810 N. Vineyard Boulevard
Honolulu, Hawaii 96817**

WAIVER AND RELEASE OF LIABILITY

I, _____, the adult applicant, parent and/or legal guardian of _____ hereby acknowledge and understand that I may have certain legal rights against PALAMA SETTLEMENT, their predecessors, successor and assigns, in the event of an accident and/or injury to my child/self or damage to property by PALAMA SETTLEMENT.

NOW, THEREFORE, for good and valuable consideration, I do hereby voluntarily and with full knowledge of my rights, completely and forever waive, release, acquit, and forever discharge PALAMA SETTLEMENT, its officers, directors, employees and all other persons acting on their behalf (registered approved volunteers), jointly or severally, their successors and assigns, whether herein named or referred to or not, of and from any and all, and all matter of, actions and causes of action, rights, suits, demands, covenants, contracts, agreements, judgments, claims and demands, attorneys' fees and costs or damages of whatever name or nature whatsoever in law or equity, which heretofore have been, and which hereafter may be sustained.

Parent/Legal Guardian (Please Print)

Signature

DATED this ____ day of _____, 200__.

* * * * *

CONSENT AND RELEASE FORM

I hereby consent to and authorize organization(s) approved by Palama Settlement to take photographs, video tapes and audio tapes of my child and agree that the organization(s) may use them in an honorable and legitimate way without any compensation or payment of any kind to me; and I agree that all materials shall be considered the property of the organization(s). I also release the organization(s) and its agents from any liability for any violation of my personal or property rights which I might have in connection with such materials.

Parent/Legal Guardian (Please Print)

Signature

DATED this ____ day of _____, 200__.