

STUDENT INFORMATION

Applicant's name: _____ Date of Birth: ____/____/____
Last First Middle

Preferred Name: _____ Gender: Female Male Hawaiian Ancestry: Yes No

Mailing Address: _____
Street / PO Box. City State Zip Code +4 digit ext. island

School Attending: _____ Current Grade: _____
2008-09 school year

Head of Household/
 Guardian's Name: _____ Phone: (Res) (____) _____ (Bus) (____) _____

Other/
 Guardian's Name: _____ Phone: (Res) (____) _____ (Bus) (____) _____

Applicant Lives with: _____ E-mail Address: _____
(Parents, Grandparents, Father, Mother, Etc.)

In case of an emergency, list three people who you would like us to contact if we are unable to contact you.

Name	Relation to Child	Home Phone	Work Phone	Other Phones
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ACCIDENT, MEDICAL, FIELD TRIP AND MEDIA RELEASE

I/We, _____, parents or guardian of _____, release all officers, directors, staff members, kumu, kōkua and all other sponsoring agencies and/or organizations of any claim for damages, liability, injury, expense, or loss on account of negligence or other wrong doing that may occur while my/our child is attending Nā Pua No'ēau activities held during June 1, 2009 to May 31, 2010. I/we also agree to indemnify and hold harmless those persons of the above stated organizations on any claim arising out of the Nā Pua No'ēau activities under this agreement. In case of accident or need for medical attention, I/we give permission to the Nā Pua No'ēau director or other staff members to take my/our child to a doctor, dentist and/or emergency medical facility. I/we give permission for my/our child to participate in field trip(s) associated with the program. I/we give permission to Nā Pua No'ēau to transport my/our child in a NON-school approved vehicle as they deem necessary and therefore I/we waive also the State's liability.

I/we also hereby give permission to the Nā Pua No'ēau to film, tape, or otherwise record my/our child's name, voice, and/or person. I/we understand that these recordings of my/our child may include news releases to include photographs about Nā Pua No'ēau and other media releases to publicize Nā Pua No'ēau, and open-circuit (broadcast), closed-circuit, and/or cable television transmission within or outside of the State of Hawai'i in perpetuity. I/we also understand that there will be no financial or other remuneration for recording my/our child, either for initial or subsequent transmission or playback. Data from applications will be used for program planning and research purposes only.

On my honor, I/we declare that my child is able to participate in Nā Pua No'ēau's programs based on the following criteria (check as applied):

- I have documents stating that my child is of Hawaiian ancestry (i.e. birth certificate, etc...)
- I have proof that my child is a descendant of the people of Hawai'i prior to year 1778
- My child is on the Office of Hawaiian Affairs' Hawaiian registry
- My child is in the Kamehameha Schools' registry
- Besides Nā Pua No'ēau, my child is currently receiving services and/or programs set up specifically for Native Hawaiians (i.e. Queen Lili'uokalani Children's Center, Hawaiian Homes, etc...)
- Other (please specify: _____)

 FATHER'S OR LEGAL GUARDIAN'S SIGNATURE

 DATE

 MOTHER'S OR LEGAL GUARDIAN'S SIGNATURE

 DATE

MEDICAL INFORMATION

Please fill out below and attach a copy of your medical card with the subscriber name and membership number of your medical insurance.

Subscriber Name: _____ Medical Plan: _____

Membership Plan # _____ Family Doctor: _____ Phone Number: _____

- Yes In case of accident or need of medical attention, I give permission to the Nā Pua No‘eau director or other staff members
- No to take my/our child to a doctor, dentist and/or emergency medical facility if unable to contact anyone listed.

MEDICATION

List all medication your child is presently taking;

Medicine/Drug Name	Illness
_____	_____ for _____
_____	_____ for _____
_____	_____ for _____

*NOTE: Nā Pua No‘eau will **not** dispense any medication to your child, including aspirins and medicine. Your child must bring his/her own medication in clearly labeled containers. During the program, be sure your child has enough medication to last during the session.*

ALLERGIES

List any allergies or dietary restriction your child may have: _____

IMMUNIZATION INFORMATION

In what year did your child last receive a: **Tetanus Shot?** _____ **Vaccinations?** _____ **Tuberculosis Test?** _____

RESTRICTIONS/LIMITATIONS

Please list any challenges your child has which may prevent him/her from participating in activities: _____

List any activity in which your child **cannot** participate or you **do not want** your child to participate: _____

Are there any religious restrictions on what your child can do or be done in an emergency or other health situations?

Yes No If yes, please explain _____

Indicate your preference concerning your child’s swimming ability: My child may **NOT** swim. Nā Pua No‘eau staff may limit my child’s participation based on my child’s ability to swim and staff judgment of swimming conditions.

RESEARCH

Are you eligible for “Free and Reduced Price School Meals” Program? Yes. No.

Do you live on (DHHL) Department of Hawaiian Home Lands? Yes. No.

Return this registration to Nā Pua No‘eau at:

Kaua'i Community College
 3-1901 Kaunuaui'i Highway
 Lihue, Hawai'i 96766-9591
 (808) 241-3238
 Fax (808) 245-5042

Maui Community College
 310 Ka'ahumanu Avenue
 Kahului, Hawai'i 96732-1617
 (808) 984-3364
 Fax (808) 242-6153

Moloka'i Education Center
 P.O. Box 488
 Kaunakakai, Hawai'i 96748
 (808) 553-9993
 Fax (808) 553-8108

Lāna'i High & Elementary School
 P.O. Box 630630
 Lāna'i City, Hawai'i 96763
 (808) 565-9100
 Fax (808) 565-9300

University of Hawai'i at Hilo
 200 West Kāwili Street
 Hilo, Hawai'i 96720-4091
 (808) 974-7678
 Fax (808) 974-7681

University of Hawai'i Center, West HI
 81-964 Haleki'i Street
 Kealahou, Hawai'i 96750
 (808) 322-4867
 Fax (808) 322-4855

University of Hawai'i at Mānoa
 2600 Campus Road QLCSS #406
 Honolulu, Hawai'i 96822-2205
 (808) 956-9410
 Fax (808) 956-9240