



# Queen Lili'uokalani Children's Center Queen Lili'uokalani Trust

## GROUP SERVICES REGISTRATION FORM (G-3)

### PROJECT INFORMATION

Unit: Maui Unit

Project Name: 'Ohana Opportunities

Project Number: G 10769

Purpose of Group/Description: Canoe activities including paddling, swimming, 'ike Hawai'i

Term/Period of Project: From: 4/1/2016 To: 8/10/2016

### PARENT/LEGAL GUARDIAN INFORMATION

Name of Parent(s)/Legal Guardian(s):	
Relationship to Child:	Date of Birth (MM/DD/YYYY):
Address:	Social Security Number:
Phone Number:	Email:

### CHILD(REN) INFORMATION

Name of Child:		
Social Security No.:	Date of Birth (MM/DD/YYYY):	Age:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Are both parents living?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Hawaiian Ancestry?: <input type="checkbox"/> Yes <input type="checkbox"/> No
School Attending:	Current Grade:	

Name of Child:		
Social Security No.:	Date of Birth (MM/DD/YYYY):	Age:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Are both parents living?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Hawaiian Ancestry?: <input type="checkbox"/> Yes <input type="checkbox"/> No
School Attending:	Current Grade:	

Name of Child:		
Social Security No.:	Date of Birth (MM/DD/YYYY):	Age:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Are both parents living?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Hawaiian Ancestry?: <input type="checkbox"/> Yes <input type="checkbox"/> No
School Attending:	Current Grade:	

### MEDICAL INFORMATION

Queen Lili'uokalani Children's Center ("Agency") will take every precaution to ensure that your child stays healthy and safe while in the program. However, the students will be asked to participate in activities such as field trips and sports. Therefore, it is very important that you fill out this form as completely and accurately as possible. The information you provide will help us tremendously should an illness or injury occur and in cases of emergency.

Please list any medical information that the Agency should be aware of for each child (i.e. medications presently taking, allergies, religious restrictions, physical challenges, etc.). If none, please write "None".

\_\_\_\_\_

Medical Insurance Company: [Click here to enter text.](#) Membership No.:

### EMERGENCY CONTACT

Please list the name and phone number of the person you would like us to contact in case of an emergency.

Name of Emergency Contact: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_



# Queen Lili'uokalani Children's Center Queen Lili'uokalani Trust

Relationship to Child: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

## AGREEMENT

### 1. Release/Indemnification

In consideration for my own, and/or my child/children's participation in the above noted group, I hereby release, hold harmless and indemnify Queen Lili'uokalani Children's Center/Queen Lili'uokalani Trust ("Agency"), its Trustees, employees and agents, from and against all claims, including but not limited to claims for property damage and/or personal injuries arising out of my own and/or my child/children's participation in the group, its field trips (if applicable) and activities, or the rendering of any medical treatment. I understand that Queen Lili'uokalani Children's Center will make reasonable attempts to notify me or the emergency contact as soon as possible in the event of illness or injury to my child(ren).

### 2. Drug/Alcohol-Free

I/we understand that all Agency programs and/or activities are "drug-free" and that not tobacco, alcohol, or other illegal substances may be used or in possession during any programs and/or activities. I further understand that any person deemed by the program or activity coordinator or supervisor in his/her discretion to be under the influence of any alcohol or other illegal substance may be asked to leave the sponsored program or activity.

### 3. Emergency Authorization

- In the event of illness or injury to my child(ren), I hereby authorize the staff of the Agency to take my child for emergency medical and/or dental care.
- In the event of illness or injury to my aforementioned child(ren), I hereby authorize a physician and/or dentist to provide emergency medical/dental care for my child and, in the event that I cannot be reached, such other care as the physician/dentist determines appropriate.

### 4. Audio Recordings/Photographs/Video/Social Networks

I/we understand and give permission to have myself and my child(ren) recorded, photographed, and/or videotaped in connection with any activities of the above specified project. I/we give additional consent for the Agency to use any photographs, audio/video recordings, or work (i.e. drawings, poems, etc.) in an information presentation, newsletter, or in the Agency's annual report. I also understand that the photographs, audio/video recordings are the property of the Agency and that information regarding group activities sponsored by the Agency may not be published on Internet posts such as, but not limited to, Facebook, YouTube, Twitter, etc.

My signature below indicates that I have read, understand, and agree to all of the above and approve my child's participation in the aforementioned program/project for the term/period stated above.

\_\_\_\_\_  
*Signature of Parent/Legal Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent/Legal Guardian*

\_\_\_\_\_  
*Date*

Select this box if you are **not** the legal parents/guardian but the caretaker of the child(ren).

State your relationship to the child(ren): \_\_\_\_\_

\_\_\_\_\_  
*Signature of Caretaker*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Agency Worker*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Unit Manager*

\_\_\_\_\_  
*Date*

#### FILING INSTRUCTIONS:

- Staff shall take a copy of this form with them to field activities with children.
- Original copy filed in child's case record.
- Reviewed by Unit Manager or designate.
- CC: Parent or Legal Guardian