



Parent/Guardian Information:

Father's Last Name:		First Name:	
Father's Workplace:	Email Address:	Work Phone:	Pager/Cellular:
Mother's Last Name:		First Name:	
Mother's Workplace:	Email Address:	Work Phone:	Pager/Cellular:

Participant Information (One form per child):

Child's Last Name:		First Name:	
Birth Date:	Grade:	Gender:	School:
Home Address:	City:	Zip Code:	Home Phone:
Child resides with:		Other Siblings in Program:	
Name of Child's Physician:	Physician's Address (street, city, zip)		Physician's Office Phone:
Medical Condition (please list allergies, activity limitations, medications, etc...)			

Emergency Contact/Dismissal Authorization:

Person's Name:	Relationship:	Home Phone:	Work Phone:	Pager/Cellular:
Person's Name:	Relationship:	Home Phone:	Work Phone:	Pager/Cellular:
Person's Name:	Relationship:	Home Phone:	Work Phone:	Pager/Cellular:

By signing the release/waivers below, I have read, understand and agree to them voluntarily.

<p>Medical Release/Waiver: In the event of a medical emergency, if neither the parent/legal guardian, emergency contact persons or child's physician can not be promptly reached, I authorize the YMCA staff to take my child to the nearest hospital or clinic for medical care.</p>	<p>Photo/Video Release/Waiver I authorize the YMCA to use video images or photographs of my child. I agree that the video or photographs become exclusive property of the YMCA and may only be used by the YMCA.</p>
Signature: _____ Date: _____	Signature: _____ Date: _____

Kalihi YMCA Summer Time Programs

Please Select Program Location:

Gus Webling Elementary School
99-370 Paihi St, Aiea, HI 96701
6:30 am to 5:30 pm

Kalihi YMCA Building
1335 Kalihi St, Honolulu, HI 96819
6:30 am - 5:30 pm

Program Options:

6 Weeks \$525.00 June 13 - July 21, 2006

NO PROGRAM - Tuesday, July 4

Weekly Rates:

			<u>Barcode</u>
<input type="checkbox"/>	Wk #1	\$120.00 June 13 - June 16	4172
<input type="checkbox"/>	Wk #2	\$120.00 June 19 - June 23	4173
<input type="checkbox"/>	Wk #3	\$120.00 June 26 - June 30	4174
<input type="checkbox"/>	Wk #4	\$120.00 July 3 - July 7	4175
<input type="checkbox"/>	Wk #5	\$120.00 July 10 - July 14	4176
<input type="checkbox"/>	Wk #6	\$120.00 July 17 - July 21	4177

Weekly Total: _____

Program Options:

6 Weeks \$525.00 June 13 - July 21, 2006

NO PROGRAM - Tuesday, July 4

Weekly Rates:

			<u>Barcode</u>
<input type="checkbox"/>	Wk #1	\$120.00 June 13 - June 16	4165
<input type="checkbox"/>	Wk #2	\$120.00 June 19 - June 23	4166
<input type="checkbox"/>	Wk #3	\$120.00 June 26 - June 30	4167
<input type="checkbox"/>	Wk #4	\$120.00 July 3 - July 7	4168
<input type="checkbox"/>	Wk #5	\$120.00 July 10 - July 14	4169
<input type="checkbox"/>	Wk #6	\$120.00 July 17 - July 21	4170

Weekly Total: _____

Refund Agreement:

I understand that once program begins on Tuesday, June 13 - NO REFUNDS will be given. To withdraw a cancellation request in writing must be submitted at least 7 days prior to the start of program (Thursday, June 1) to receive a refund. I understand that **\$50.00 of my payment is NON-REFUNDABLE.**

Parent/Guardian Signature

Date

*The YMCA reserves the right to make program changes due to enrollment.