



**YMCA of Honolulu
Winter Intersession Registration Form**

PLEASE COMPLETE BOTH SIDES OF FORM

PLEASE TYPE OR PRINT CLEARLY IN INK. COMPLETE AND SUBMIT FORM TO THE KALIHI YMCA. DO NOT FAX FORM.

PARTICIPANT'S NAME: FAMILY/LAST		FIRST/GIVEN		MIDDLE INITIAL
GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	BIRTHDATE ____ / ____ / ____	GRADE	SCHOOL	YMCA BRANCH
CURRENT MAILING ADDRESS - NUMBER STREET		CITY	STATE	ZIP CODE
HOME PHONE				
PARTICIPANT RESIDES WITH <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> OTHER: _____				
FATHER/LEGAL GUARDIAN'S NAME (LAST, FIRST)		OCCUPATION	BUS. PHONE	CELL PHONE
MOTHER/LEGAL GUARDIAN'S NAME (LAST, FIRST)		OCCUPATION	BUS. PHONE	CELL PHONE
EMAIL ADDRESS (Important for online registration/e-bulletins)		YOUTH CELL PHONE (For teen participant's only)		NAME(S) SIBLINGS IN PROGRAM
PHYSICIAN	CHOICE OF HOSPITAL	OFFICE PHONE	CELL PHONE	
PLEASE LIST ANY PHYSICAL OR OTHER LIMITATIONS THAT MIGHT HINDER YOUR CHILD'S PARTICIPATION				
PLEASE LIST ANY SPECIAL REQUIREMENTS OR CONDITIONS (list medication, dosage, times to be taken, vegetarian meals, and or allergies)				
In addition to the parents/legal guardians, I authorize the following people to pick up my child(ren) and/or be contacted in an emergency if the parent/legal guardian cannot be contacted.				
NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE
NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE
NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE
RELEASE WAIVERS				
I also authorize the YMCA of Honolulu to use the name and any video/photographs/audio taken of my participant and/or myself at anytime or in any manner in connection with its advertising, publicity and public relations programs. The YMCA may only use the video/photographs/audio. I will make no further claims.				
PARENT GUARDIAN NAME (PRINT)		PARENT/GUARDIAN SIGNATURE		DATE
MEDICAL CARE AUTHORIZATION				
If in the judgment of the YMCA staff, my child/teen requires medical care, I authorize and instruct the YMCA to inform me or the authorized person listed above. The YMCA may take my child/teen in for medical treatment to the physician, hospital or clinic, I or the authorized person designated. If the authorized person, the physician, or I can't be promptly reached, I authorize the YMCA to take my child/teen to the nearest hospital or clinic for such medical treatment.				
My child/teen is covered by:				
NAME OF MEDICAL INSURER			CARD/POLICY NUMBER	
PARENT/GUARDIAN'S SIGNATURE			DATE	
FOR YMCA OFFICE USE ONLY				
CHECK ALL THAT APPLY <input type="checkbox"/> CLASS Input				

Program Selection:

_____ **Option 1 - Regular Hours**

December 21, 2009 - January 5, 2010

NO PROGRAM on Dec. 25 & Jan. 1 - Holidays

8:00 am - 2:00 pm

\$100.00 (per child)

_____ **Option 2 - Extended Hours**

December 21, 2009 - January 5, 2010

NO PROGRAM on Dec. 25 & Jan. 1 - Holidays

6:00 am - 5:30 pm

\$200.00 (per child)

**PLEASE NOTE: There will be early pick-up on Christmas Eve (Dec. 24) and New Year's Eve (Dec. 31)
Please pick up your child by 2:00 p.m.**

Program Locations:

_____ **Kalihi YMCA (1335 Kalihi St, Honolulu)**

_____ **Pearl Ridge Elementary School (98-940 Moanalua Rd, Aiea)
(School Cafeteria)**

IMPORTANT INFORMATION

- Please make checks payable to: **Kalihi YMCA**
- **Deadline to register is Wednesday, December 16, 2009.**
- **Registrations received by mail must be postmarked December 16 or earlier to be accepted.**
- **Registrations that are FAXED WILL NOT BE ACCEPTED!**
- **Financial Assistance Forms are available at the Kalihi YMCA Welcome Center**
- **Deadline for Financial Assistance Applications is December 2, 2009**