# Moanalua BSP Program Registration Forrn

To register: Complete registration form *(one per child)* and mail along with payment to:
Kalihi YMCA 1335 Kalihi Street, Honolulu HI 96819

Cost: $45.00 per month (Dee & Jan, Mar & Apr, May & June are combined)

Child's Name: _____ Gender: ____ M ____ F

Mailing Address: _____
Street City Zip Code

Home Phone: _____ Current Grade: _____ Birth date: _____

Mother/Guardian Name: _____ Work Phone: _____

Father/Guardian Name. _____ Work Phone: _____

Emergency Contact: _____ Phone: _____ Relation: _____

Physician Name: _____ Phone: _____ Medical Insurance: _____

Physical/Emotional Limitations: _____

Special Medication: _____

Unusual Fears/Allergies: _____

Unauthorized individuals whom you do not want your child to be released to:

_____

**Medical Release/Waiver:** In the event of a medical emergency, if neither the parent/legal guardian, emergency contact persons, nor 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.

**PhotoNideo Release/Waiver:** I authorize the YMCA to use video images or photographs of my child. I agree that the~-video or photographs become the exclusive property of the YMCA and may only be used by the YMCA.

_____ _____
Signature Date