

Enrollment Form #2

_____ Year
_____ Sumr
_____ Fall
_____ Spring
_____ Other

DEPARTMENT OF PARKS AND RECREATION CITY AND COUNTY OF HONOLULU

PROGRAM REGISTRATION FORM

MILILANI DISTRICT PARK

Playground or Area

Check one: _____ Tiny Tot Program
_____ Children Program
_____ Teenage Program
_____ Adult Program
_____ Senior Citizen Program

Name: _____ Home Phone: _____
Home Address: _____ Business Phone: (if applicable): _____
Age: _____ Date of Birth: _____ City: _____ Zip: _____
School (if applicable): _____ Male: _____ Female: _____
Physical limitations, if any: _____ Grade (if applicable): _____
Family Physician: _____ Allergy: _____
Physician's Address: _____ Physician's Phone: _____
City: _____ Zip: _____
Health Plan (if applicable): _____
In case of emergency, please contact the following person(s):
Mother's Name & Bus. Phone: _____
Father's Name & Bus. Phone: _____
Other: _____

Name	Relationship	Phone
------	--------------	-------

REGISTERED ACTIVITIES

FEE

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

I hereby authorize the City or any of its employees to refer said applicant, if injured or ill, to my family physician when I or my spouse cannot be reached. If no family physician is designated, the City or any of its employees is authorized to select any physician when deemed necessary. I, the undersigned, hereby waive all responsibility from the City and County of Honolulu, Department of Parks and Recreation, and any employee or volunteer acting with the permission of the Department, from all liabilities arising from property damage and bodily injury which may be sustained by participating in the above activity.*

Date

Signature/Parent or Guardian

* NOTICE: City and County policy requires that all accidents resulting in property damage or personnel injury, or both, be reported promptly. Please be advised that your personal medical and health insurance should be relied upon to cover all medical costs incurred because of accidental injury. Any claim against the City and County seeking reimbursement for all or part of such costs will be evaluated on a case-by-case basis by the Corporation Counsel to determine if there is any liability thereof.