



P.O. Box 565 • Kailua, Hawaii 96734
Phone: 263-3663 • Toll Free Fax: 1-866-583-0212

Participant's Name _____
(One form per child)

Home Phone Number _____

School _____ Grade _____

Participant Information

Mailing Address: _____
Street Apt. No.

City State Zip Code

Gender (check one): Male: _____ Female: _____ Age: _____ Date of Birth: _____

Mother/Guardian Name: _____ Home Phone: _____

Employer _____

Work Phone: _____ Alternative Phone: _____

Father/Guardian Name: _____ Home Phone: _____

Employer _____

Work Phone: _____ Alternative Phone: _____

Medical Information

Physical Limitations/Allergies, Medication (if any): _____

Name of Physician: _____ Phone Number: _____

Address: _____
Street Address City State Zip Code

Health Insurance Provider: _____ Plan Number: _____

Pick Up Authorization & Emergency Contact

List below the people authorized to pick up your child(ren) (other than parents) or people who should be contacted in case of emergency (and their phone numbers). Please check the "Authorized Pick-Up" box if that person is authorized to take your child(ren) from the facility. Please check the "Emergency Contact" box if that person is to be used as an emergency contact should we not be able to contact the above listed parents/guardians. Please check BOTH boxes if you wish to use that person as both an authorized pick-up person as well as an emergency contact person.

Name	Relationship	Home Phone	Work Phone	Authorized Pick-Up	Emergency Contact
1. _____	_____	_____ / _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	_____ / _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	_____ / _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	_____ / _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	_____ / _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Receive e-mail Notification of Upcoming Programs & Special Offers

The DOE no longer allows for flyers from private vendors to be sent home with students. If you would like to receive e-mail updates and special offers about upcoming programs, please provide your email address here:

I give my child permission to participate in all DREAM Co. activities, including all related off-site field-trip/activities. I further grant permission for my child to travel by vehicle, private or public, to and from any such field-trip/activity. I have read the *Informed Consent and Assumption of Risk, Release of Claims and Indemnification*, and *Media Release* for the activities registered for. I certify that the information provided on this registration form is complete and correct and that I hereby authorize DREAM Co. to contact the appropriate parties to verify this information. I understand that any changes to this form must be received in writing from the parent or legal guardian.

Parent/Guardian Signature (required for participants under age 18)

Date

Informed Consent and Assumption of Risks

DREAM Co. provides a wide variety of activities and programs for persons of all ages in a safe and caring environment. However, there are certain inherent risks to almost every activity. Please read the following informed consent categories to acquaint yourself with the risks involved. If you are making a determination that a child is able to participate in any activity, it is your responsibility to assess your child's maturity and fitness, and determine for yourself if the risks associated with this activity are acceptable to you. While *DREAM Co.* hopes that every participant enjoys an injury-free activity, by signing this RELEASE OF CLAIMS form, you assume all risks associated with the activity for which you have registered. Please ask any questions of the staff to make a fully informed decision to participate.

Certain sport activities, such as football and volleyball, may have physical contact. All contact sports necessarily and unavoidably carry with them the risk of high speed collisions with other persons, balls, and equipment. In addition, irregular playing surfaces may be present. There are, therefore, risks of orthopedic, dental, cervical spinal, and head injury. There is also the risk of lacerations and other injury from falling and/or colliding with people or objects.

In addition, all sports require a level of fitness and health that only your physician can determine you or your child possesses. We strongly urge that you obtain medical advice as to whether contact sport activities are suitable. Many undetected or chronic diseases such as cardiac disease or high blood pressure may be worsened by participation in these activities.

Other activities may involve the use of chemicals which may be toxic when ingested or inhaled or when coming in contact with skin. There may also be allergic reactions or individual sensitivity to these chemicals when ingested, inhaled, or when in contact with skin. Activities such as ceramics, painting, or cooking are examples of these types of activities.

Swimming at the beach or pool is another activity with inherent risks involved.

Release of All Claims and Indemnification

In consideration of permission granted to participant by *DREAM Co.* to participate in the activities listed on the previous page, I hereby release, discharge, and covenant not to sue *DREAM Co.*, its agents, employees, and officers from all actions, causes of action, damages, claims, or demands which I and/or the participant ever had, now has, or may have, or which participant's heirs, executors, administrators, or assigns may have, or claim to have against *DREAM Co.*, its agents, employees, and officers for all personal injuries and property damage, known or unknown, which I and/or participant have or may incur by participating in the above-described activities.

As additional consideration for permission to participate in the above-described activities, I agree to indemnify, save and hold harmless *DREAM Co.*, its agents, employees, and officers from any and all deaths, injuries, losses and damages to persons or property, and any and all claims, demands, suits, actions and liability therefore, caused by the participant's participation in the above-described activities.

I agree to authorize such medical treatment as deemed necessary in the event of illness or injury to said participant.

If applicable, I, as a parent or legal guardian of the participant, represent to *DREAM Co.*, that the facts herein concerning the participant are true. I hereby give permission for the participant to participate in the above-described activities, and individually, in consideration of permission granted by *DREAM Co.* to participant to participate in the above-described activities, agree individually and on behalf of the participant, to the terms of the above *Release of All Claims and Indemnification*.

Media Release

I hereby grant permission for *DREAM Co.* to use any and all photographs, video, digital images, and projects created or taken at *DREAM Co.* programs and activities to market, advertise, and promote the organization and/or future programs. I do so understanding that use of the aforementioned items will result in no compensation for the participants featured. I hereby release all claims in connection to the above aforementioned photographs, videos, digital images, and projects.