

# Funtastic Fridays!

## Registration Form

### General Info.

Child's full name: \_\_\_\_\_ Gender (M/F) \_\_\_\_\_ Age \_\_\_\_\_

Mother/Legal Guardian's Name \_\_\_\_\_

Father/Legal Guardians Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

### Emergency Info.

Child's Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Choice of Hospital/Dispensary \_\_\_\_\_

Medical Insurance Coverage \_\_\_\_\_ Policy Number \_\_\_\_\_

Does your child have ALLERGIES? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Does your child require MEDICATION? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Please explain any PHYSICAL or BEHAVIORAL problems your child may have:

\_\_\_\_\_

Please add any other comments that may be helpful in caring for your child (Fear of heights, etc.) \_\_\_\_\_

### Additional Contacts

*In addition to parents/legal guardians, I authorize only the following people to pick up my child and/or in an emergency, be contacted if I can't be reached.*

1) Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

**REVERSE →**

Please check each Friday that you would like to register your child for (or check ALL):

ALL	_____						
10/23	_____	10/30	_____	11/06	_____	11/20	_____
12/04	_____	12/11	_____	12/18	_____	01/15	_____
01/29	_____	02/05	_____	02/12	_____	03/05	_____
03/12	_____	04/23	_____	04/30	_____	05/07	_____
05/14	_____						

*By initialing the following waivers, I have read, understand and agree to them voluntarily.*

**MEDICAL RELEASE WAIVER:** I authorize the Hawaii Nature Center (HNC) to take my child to the nearest hospital or clinic for medical care, in the event of a medical emergency, if the parent/legal guardian, emergency contact persons or child's physician cannot be promptly reached. X \_\_\_\_\_

**PHOTO/VIDEO WAIVER:** I authorize the Hawaii Nature Center (HNC) to use video images or photographs of my child. I agree that the video or photographs become the exclusive property of HNC and may be used only by HNC. X \_\_\_\_\_

Parent/Legal Guardian **Sign Here:** \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you a new member of the Hawaii Nature Center? Y / N

Please note date of membership payment: \_\_\_\_\_

Circle payment form: CASH CHECK VISA MASTERCARD