

**Hālau Ka Waikahe Lani Malie  
Hālau Kahulaliwai  
Registration Form**

Date: \_\_\_\_\_

PERSONAL STATUS (Please Type or Print Information)

Name: \_\_\_\_\_  
Last First Middle Nickname

Hawaiian Name, if different from above: \_\_\_\_\_

Address:

Home: \_\_\_\_\_

Mailing: \_\_\_\_\_

Phone Number(s): Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Pager \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Marital Status \_\_\_\_\_

Your size: T-Shirt \_\_\_\_\_ Tank \_\_\_\_\_ Dress \_\_\_\_\_ Pants \_\_\_\_\_

Education

High School \_\_\_\_\_ Year Graduated \_\_\_\_\_

College \_\_\_\_\_ Degree \_\_\_\_\_

Business

Occupation \_\_\_\_\_ Business Name \_\_\_\_\_

Spouse's Occupation \_\_\_\_\_

Interests

Hobbies, Activities involved in: \_\_\_\_\_

\_\_\_\_\_

Helpful Info

Contacts (eg: Flowers, Food, Material, etc.) \_\_\_\_\_

\_\_\_\_\_

Hula Background

Hula Experience \_\_\_\_\_ Kumu Hula \_\_\_\_\_

Experience in: Language \_\_\_\_\_ Chanting \_\_\_\_\_ Lei Making \_\_\_\_\_ Other \_\_\_\_\_

What are your goals and expectations of this halau? \_\_\_\_\_

\_\_\_\_\_

## Registration Form Continued

Medical  
In case of emergency

Notify who \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Allergies \_\_\_\_\_

Medications that we need to know about \_\_\_\_\_

Hindrances (eg: knee problem, asthma, etc.) \_\_\_\_\_

Medical Plan \_\_\_\_\_ Hospital \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

### **MINOR**

I hereby consent to \_\_\_\_\_ enrollment in and participation in activities  
(Minor's Name)

Involving this Hālau, Ka Waikahe Lani Mālie, Kahulaliwai. I do hereby waive any and all rights that he/she may have against the Hālau, Kumu or anyone connected with this Hālau, should said minor receive any injuries, death, or other impairment.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

### **DISCLAIMER/WAIVER**

In consideration of being allowed to participate in the Ladies of Ka Waikahe Lani Mālie and the Men of Kahulaliwai, the undersigned agrees and acknowledges and fully understand that each student will be engaging in activities that may involve risk or serious injury, sickness, illness, disease, including permanent disability and death and severe social and economic losses which might result not only from his/her own actions, inactions or negligence, by the negligence of others, the rules of play or the conditions off premises. Further, that there may be other risks not known to us or not reasonably foreseeable at this time. The participant (student) shall release, waive and discharge the Ladies of Ka Waikahe Lani Mālie, The Men of Kahulaliwai, their respective administrators, directors, agents and others volunteers of the organization all of which are hereinafter referred to as the Corporation, from any and all liabilities to each of the undersigned, his/her next kin for any and all claims, demands, losses and damages in whole or in part by the negligence of the Corporation or otherwise.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

SIGNATURE OF PARTICIPANT \_\_\_\_\_

I do here by agree to fulfill my obligation to this Hālau Ka Waikahe Lani Mālie, Hālau Kahulaliwai, by following all Hālau rules and regulations to the best of my ability.

PARTICIPANT'S SIGNATURE \_\_\_\_\_