

Send registration and payment to:  
**Pearl City Foundation**  
 P.O. Box 114  
 Pearl City, HI 96782  
 Return check fee: \$25

**Pearl City Foundation**  
 Fall Intersession Days 2019 Registration  
 Last day for registration: September 27, 2019 unless full

**Office Use:** Date Rcvd: \_\_\_\_\_  
 Input \_\_\_\_\_ Conf ltr \_\_\_\_\_  
 Chk # \_\_\_\_\_ Amt: \_\_\_\_\_  
 CC Inv # \_\_\_\_\_ Grade \_\_\_\_\_

Participant's Last Name		First Name		Gender M / F
Mailing Address		City	State/Zip	
Day Time Phone		EMAIL: REQUIRED FOR CREDIT CARD PAYMENTS		
<input type="checkbox"/> New enrollment <input type="checkbox"/> Returning Student	Swimming Ability			
	<input type="checkbox"/> Swims Independently <input type="checkbox"/> Unable to swim			
<u>CURRENT GRADE</u>		<u>School Attending</u>		Birthdate
Allergies/Medical Conditions/Other Special Concerns				
Physician	Doctor's Phone Number	Medical Insurance Carrier	Choice of Hospital	
Mother/Legal Guardian's Name		Cell Phone #	Work Phone #	
Father/Legal Guardian's Name		Cell Phone #	Work Phone #	
In addition to the parents/legal guardians, I authorize the following people to pick up my child and/or be contacted in an emergency if the parent/legal guardian cannot be contacted.				
<u>Name/Relation</u>	Phone	<u>Name/Relation</u>	Phone	
<u>Name/Relation</u>	Phone	<u>Name/Relation</u>	Phone	

<b><u>FULL DAY PROGRAM:</u></b> <b><u>DISCOUNT FOR EARLY ENROLLMENT!</u></b> October 7 to 11, 2019 <b>6am-6pm.</b> Includes field trip and bus fees  <b><u>\$160 if received BEFORE SEPT 16, 2019</u></b> <b><u>\$175 if received AFTER SEPT 16, 2019</u></b>	<b>\$160</b>  <b>OR</b>  <b>\$175</b>
<b><u>HALF DAY PROGRAM:</u></b> Oct. 7 to 11, 2019 <b>6am-2pm.</b> Includes field trip and bus fee	<b>\$135</b>
<b><u>CATERED LUNCH:</u></b> optional lunch from A Catered Experience Mon, Tues, Wed, Thurs. (no catered lunch on Friday due to field trip) 4 lunches @ \$5/each	<b>\$20</b>
<b>DAILY OPTIONS</b>	
Monday, October 7, 2019	\$ 35
Tuesday, October 8, 2019	\$ 35
Wednesday, October 9, 2019	\$ 35
Thursday, October 10, 2019	\$35
Friday, October 11, 2019: Field trip- Pups of War Pearlridge	\$45
<b>Total Amount Due \$ _____</b>	

**Questions? Contact Naomi (Program Director) at**

**PAYMENT OPTIONS**

\_\_\_ **CHECK OR CASHIERS CHECK for full amount**



\_\_\_ **CREDIT CARD:**

An invoice will be emailed to you via PayPal and online payment must be made within 10 days of invoice date to ensure enrollment. Valid email required.

**456-2073 or email [pearlcityfoundation@gmail.com](mailto:pearlcityfoundation@gmail.com)**

**Medical & Video-Photo Waiver/Release**

In case of accident or need for medical attention, I hereby give permission to Pearl City Foundation, its employees, agents or assigns to have my child taken to the nearest emergency medical facility for medical care. I further agree to pay any and all such medical expenses, costs and other charges and to release, discharge and hold harmless Pearl City Foundation, its officers, employees, agents and assigns from and against any liability or any claims or demands arising from or connected with such medical care.

I hereby give my child permission to attend and participate in the activities conducted by PCF's program. These activities include aquatics, off-property excursions, bus transportation, and enrichment activities. I hereby defend, hold harmless, indemnify, release Pearl City Foundation and all its officers, employees, agents, and assigns from any and all claims or actions for property damage, personal injury and/or death arising from my child's participation in any Pearl City Foundation programs

I hereby authorize PCF to use to my child's name and video or photograph at any time and in any manner in connection with its advertising, publicity, and public relation programs. No further claims will be made by me.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_