

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

Pearl City Foundation
 Spring Fun Days 2020 Registration
 Last day for registration: March 6, 2020

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 |
| Daytime 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 | | SCHOOL ATTENDING | |
| Current Grade | | Child resides with: Father _____ Mother _____ Both Parents _____ Other: _____ | | Birthdate | |
| Allergies/Medical Conditions/Other Special Concerns | | | | | |
| Physician | | Physician Phone | | Medical Ins. Carrier | |
| 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. Attach additional sheet if needed. | | | | | |
| Name/ Relation | | Phone | | Name/ Relation | |
| Name/ Relation | | Phone | | Name/ Relation | |

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 _____

Enroll by Feb 24, 2020
and receive \$15 OFF Full Day
or \$10 Half Day Programs!

| | | |
|--|--|--------------|
| <u>FULL DAY PROGRAM:</u> March 16-20, 2020 6am-6pm. Includes field trip and bus fee | | \$180 |
| <u>HALF DAY PROGRAM:</u> March 16-20, 2020 6am-2pm. Includes field trip and bus fee | | \$150 |
| <u>CATERED LUNCH:</u> optional lunch from A Catered Experience Mon, Tues, Wed, Thurs. (no catered lunch on Friday due to field trip) 4 lunches @ \$5/each | | \$20 |
| DAILY OPTIONS | | |
| Monday, March 16, 2020 | | \$35 |
| Tuesday, March 17, 2020 | | \$35 |
| Wednesday, March 18, 2020 | | \$35 |
| Thursday, March 19, 2020 | | \$35 |
| Friday, March 20, 2020: field trip: Wild Tiki Fun Zone | | \$48 |
| TOTAL DAILY OPTIONS DUE | | |
| Total Amount Due \$ _____ | | |

PAYMENT OPTIONS

___ CHECK, MONEY ORDER OR CASHIERS CHECK

___ 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.

Questions? Contact Naomi (Program Director) at 456-2073 or email pearlcityfoundation@gmail.com