



Kids Too! Participant Registration Form

I would like to register and sponsor this child for Kids Too! He/she is between the ages of 6-12.

As the child's sponsor, I am enrolled in Me Too! ___ KGWO Team ___ (team name _____)

Fee: \$5	<i>Best Way to Contact Me with Kids Too information:</i>				<i>Phone</i>	<i>USPS Mail</i>	<i>E-Mail</i>
	Child's t-shirt size:	XS	S	M	L	XL	Child Size ___ or Adult Size ___

This form must be completed and submitted with your registration fee. Submit in person or by mail to Ho'ōla Lāhui Hawai'i at 4491 Rice St., Unit 6 Lihu'e, HI 96766. (Make checks payable to Ho'ōla Lāhui Hawai'i).

Child's Name: _____
Last First Middle Initial

Mailing address: _____ City: _____ Zip Code: _____

Residence address: _____ City: _____ Zip Code: _____

Social Security #: _____ - _____ - _____ DOB: ____/____/____ Gender: [F] [M]

I am the child's: parent ___ guardian ___ other family member ___

Sponsor's Phone #: (H) _____ (W) _____ Other # _____

Sponsor's Mailing Address: _____ Sponsor's E-mail address: _____

(1) Child's Ethnicity: (Select one only)

- More than 50% Hawaiian
- Less than 50% Hawaiian
- White (Non-Hispanic)
- American Indian/Alaska Native
- Chinese
- Filipino
- Japanese
- Other Asian
- Pacific Islander
- Hispanic (all races)
- Black
- Other _____

(2) Child's Primary Language:

- English
- Hawaiian
- Other: _____

(3) Homeless:

- Not homeless
- Homeless Shelter
- Doubling Up
- On the street
- Other
- Yes, but unknown

(4) If Homeless – Dates

From: ____/____ To: ____/____
MM YY MM YY

(5) Family Income (Yearly): \$0-10,700 \$10,701-14,360 \$14,360-18,019 \$18,020-21,679
 \$21,680-25,339 \$25,340-29,099 \$29,100-32,659 \$32,660-36,319 \$36,320-39,979
 \$39,980-43,639 >\$43,640

Family Size: _____

Does this child have medical insurance? Yes No If yes, name of insurance company: _____

Does this child have a primary care provider: Yes No If yes, name of doctor: _____

Client Policy and Procedures: *(Please initial)*

_____ I have received a copy of the "HIPAA Notice of Privacy Practices".

_____ I have received a copy of the "Client's Rights and Responsibilities and Grievance Procedure".

_____ I understand that there will be a \$20.00 service charge for all returned checks.

EMERGENCY CONTACT INFORMATION

List person we may contact in case of emergency (If possible someone from outside the home.)

Name: _____ Relationship: _____ Phone: _____

Waiver and Consent Agreement:

I consent to have my child participate voluntarily in the Kaua'i Great Weigh Out. I am aware that this program includes health screenings which include but is not limited to monitoring of blood pressure, weight, body mass index, and a lipid profile. I understand that any information obtained will be kept confidential and used only for statistical data and my own benefit. My signature next to my name acknowledges that I agree for myself, my heirs, executors and administrators to release, indemnify and hold harmless all Kaua'i Great Weigh Out core committee members and Ho'ōla Lāhui Hawai'i committee members, its affiliates, officers, directors, employees, volunteers and all sponsoring businesses and organizations and their agents and employees from any and all liability, claims, demands and causes of action whatsoever arising out of my participation in this event and related activities, whether it results from negligence of any of the above or from any other cause. I further agree that this consent and waiver agreement shall be applicable to any owner of a facility and/or property at or upon which the program is held. I am solely responsible for my child's health and safety. I represent that my child is physically fit and able to participate in this program. I am hereby, advised to consult my child's physician before participating in this program. Furthermore, I hereby grant full permission to any and all of the foregoing to use my child's name, voice and or picture or likeness in any broadcast, telecast, advertising, promotion or other account of this event for any purposes whatsoever. I have read, understand and agree to the terms of this agreement and have, of my own free will, signed below to indicate so.

Signature (Parent or Legal Guardian of Child)

Date

If other signing, print name: _____ Witness: _____

Form: KGWO Patient Registration

Effective Date: 1/02/07

Reviewed by: _____

Date: _____

Revised Date: 12/06

Healthy Hawaiian Lifestyle New Update