



2012 Camp Innovation – Moanalua Enrollment Form



July 17-21, 2012, 8:15 a.m.-12:15 p.m.

Please print. Incomplete applications cannot be processed and will be returned.

Student's Last Name	First	Grade (as of Jan 1, 2011) 4 5 6 7
Mailing Address		Sex <i>Male Female</i>
City	State	Zip Code
Home phone number ()		Age 8 9 10 11 12
Parent's email address if available		School currently attending
Father's Name		Cell Phone ()
Mother's Name		Cell Phone ()

Student T Shirt Size:	Adult:	X Large	Large	Medium	Small
(check one)	Child:	Large	Medium		

In case of emergency (and parents are not available), please contact:

Name	Relationship	Phone
Family Doctor	Phone	
Medical Insurance plan	Membership number	
Name of person who will be picking up student		Phone

ACCIDENT, MEDICAL, AND MEDIA RELEASE

We, _____ (names of parents or guardians), parents of _____ (name of student), who is attending the Camp Innovation - Moanalua session, release all officers/directors/staff members and teachers of the *Moanalua Middle School Robotics Team, Moanalua Middle School*, and all other sponsoring agencies and/or organizations and volunteers of any claim for damages, liability, injury, expense, or loss on account of any negligence or other wrong doing that may occur while our child is attending *Camp Innovation - Moanalua*. We also agree to indemnify and hold harmless those persons of the above stated organizations on any claim arising out the *Camp Innovation - Moanalua* activities under this agreement. In case of accident or need for medical attention, we give permission to the *Camp Innovation - Moanalua* staff members to take our child, _____ (name), to a doctor, dentist and/or emergency medical facility. It is understood that the cost for treatment will be borne by the parent or guardian.

We also hereby give permission to the *Camp Innovation - Moanalua, Moanalua Middle School*, to film, tape, or otherwise record our child's name, voice, and/or person. We understand that these recordings of our child may include news releases to include photographs about *Camp Innovation - Moanalua* and other media releases to publicize *Camp Innovation - Moanalua*, and open-circuit (broadcast), closed-circuit, and/or cable television transmission within or outside of the State of Hawai'i in perpetuity. We also understand that there will be no financial or other remuneration for recording our child, either for initial or subsequent transmission or playback. The *Camp Innovation - Moanalua, Moanalua Middle School*, may also use our child's name, likeness, and/or bibliographical identification for publicizing and promoting the use of these recordings.

Further, we have read and understand the refund policy and enrollment policy stated in the *Camp Innovation - Moanalua* materials.

_____ FATHER'S OR LEGAL GUARDIAN'S SIGNATURE	_____ DATE
_____ MOTHER'S OR LEGAL GUARDIAN'S SIGNATURE	_____ DATE

Note: both parents or legal guardians listed on form must sign.

Optional parental waiver if you do not wish to sign out students daily:
Camp Innovation - Moanalua ends at 12:15 daily. A parent or another authorized adult must sign out the child daily in the MMS library. If you do not wish to sign out the student daily, please sign the waiver below.

I authorize the *Camp Innovation - Moanalua* staff to release my child, _____, at 12:15 p.m., Tuesday through Saturday, at Moanalua Middle School (library) without being signed out by a parent or other authorized adult.

PARENT'S NAME	SIGNATURE	DATE
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Payment: \$160 tuition must be paid in full and dropped off at Moanalua Middle School or mailed to: David Arakaki, C/O Moanalua Middle School, 1289 Mahiole Street, Honolulu, Hawaii 96819, with a completed enrollment form. Make personal check, money order, or cashier's check payable to MOANALUA MIDDLE SCHOOL.

Received on _____	Check no. _____	Date _____	Total Enclosed _____
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