

## **Ho'okahua 'Ai Application Registration**

YOUTH'S NAME: \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_

I PREFER TO BE CALLED: \_\_\_\_\_

ADDRESS:

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

Physical: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

YOUTH CELL PHONE: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

CURRENT SCHOOL: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

YOUTH EMAIL: \_\_\_\_\_

ALLERGIES: *(If yes, please specify)* \_\_\_\_\_

### **PARENT CONTACT**

MOTHER'S NAME: \_\_\_\_\_

MOTHER'S PHONE: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

MOTHER'S EMAIL: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

FATHER'S PHONE: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

FATHER'S EMAIL: \_\_\_\_\_

EMERGENCY CONTACT #1: Please list an individual and their phone number other than any person named above.

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

EMERGENCY CONTACT #2: Please list an individual and their phone number other than any person named above.

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

**ALL YOUTH ARE EXPECTED TO:**

- \*\*Be responsible for themselves and their guests (if any)
- \*\*Remain with the mentorship group at all times.
- \*\*Report to our staff any violations or misconduct.
- \*\*Be respectful to others, Golden Rule - Treat others the way you want to be treated.
- \*\*My parent & I understand the general guidelines above and realize, if any violations or misconduct reported involves myself, parental contact will be the initial action and discussed further thereafter.

\*The best way to contact Parent/Youth is:(check one only) Text \_\_\_\_\_ Email \_\_\_\_\_ Phone Call \_\_\_\_\_

**PHOTOGRAPHY/VIDEOGRAPHY WAIVER:** I understand that myself/child may be photographed or recorded on video during the course of my enrollment in the mentorship program. By initialing below, I provide consent for image(s) to be used in print, electronic or video form for the promotional purposes, project reporting and/or youth mentorship presentations.

Youth's Initial \_\_\_\_\_ Parent/Guardian Initial: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Medical Release Form

**To Whom It May Concern:**

In case of an accident or serious illness a Ho'okahua 'Ai representative will contact the parent/guardian. If the organization is unable to reach the parent/guardian, or any other person designated, I hereby authorize Ho'okahua 'Ai and its representatives to contact my child's physician and/or make arrangements for immediate emergency treatment, as seen fit. Payment or fees for all medical services will be the responsibility of the parent/guardian. **This medical release is valid from the date this form is signed until the termination of enrollment for the youth mentioned on this form.**

\*It is the parents' responsibility to notify Ho'okahua Ai if any changes or updates are to be made to this form throughout the duration of enrollment in Ho'okahua Ai's Mentorship Program.

Youth's Name: \_\_\_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Family Physican's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Medications taken daily and/or regularly: \_\_\_\_\_

Allergies: \_\_\_\_\_

Health Conditions currently being treated for: \_\_\_\_\_

**INSURANCE INFORMATION:**

Insurer: \_\_\_\_\_

Group #: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about this mentorship program?

Do you have any experience in agriculture? If yes, what experiences have you had with animals or plants?

By joining our HĀ Mentorship Ohana, what would you like to learn?