



Spring Camp: March 16 - 19, 2020

Please read carefully and complete all areas of this form. Print clearly.

SEND TO: Camp Lokahi, PO Box 1137, Kapa'au, HI, 96755

Camper's Name: _____ Age: _____ Date of Birth: _____
Male ____ / Female ____ School Attending: _____ Grade: _____
Father/Guardian Name: _____ Phone #: _____
Mother/Guardian Name: _____ Phone #: _____
Primary Guardian Email: _____
Address: _____ City: _____ Zip Code: _____
Third Party Emergency Contact: _____ Phone #: _____
Health Insurance Carrier: _____ Policy #: _____
Allergies/Medications: _____

Please number the tracks in the order of your preference **(1-5)** to participate in during the week*:

____ Adventure Challenge ____ Videography
____ Airsoft ____ Football
____ Archery

**Each track requires a minimum number of registrations to be confirmed.*

Payment

Camp Fees Due: **\$165.00**

Form of Payment: Cash Check (***payable to: Island Breeze Ministries***) Credit Card (\$7 fee)

Credit Card Information: Card Type: ____ Visa ____ MasterCard
Name on Card: _____
Card Number: _____
Exp. MM/YYYY: ____/_____
CVC: _____ (3-digit code on back of card)
Billing Address (*if different from above*): _____



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Waiver and Release

1. The parent(s) or guardian(s) submitting this application, are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to the Camp, including a photocopy of the section of any court order referring to visitation rights.
2. The Camp Director reserves the right to dismiss a guest without refund who, in their opinion, is a hazard to the safety or the rights of others who appear to have rejected the reasonable controls of the Camp.
3. Every precaution is taken for the safety and good health of our guests, but in the event of an accident or sickness, I hereby release Camp Lokahi, its directors, staff members, employees, owners, agents, volunteers, and support from all claims, demands, rights of action, causes of action, present or future, whether the same be known, anticipated or unanticipated.
4. In the event that a guest requires prescribed medication at the Camp or requires special medication, transportation, X-ray or treatment beyond that which is possible in the Camp, the parent/guardian will be immediately notified and will be responsible for any additional expense.
5. In the case of surgical emergency, I hereby give permission to the physician selected by the Camp to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child named on this application.
6. In consideration of Camp Lokahi accepting custody of the child of the undersigned for the Camp, the undersigned assumes full responsibility for and all risks of injury or damage that may occur following the Camp's programs or activities anywhere to such said child while camper is at and in the custody of Camp Lokahi.
7. I give permission for Camp Lokahi to use any photograph or video footage my child is in for promotional materials.
8. I hereby agree to reimburse Camp Lokahi for any property damage caused by my child.
9. In consideration of Camp Lokahi furnishing services and/or equipment to enable guest to participate in Airsoft games/Archery class, I agree as follows: I fully understand and acknowledge that: (a) risks and dangers exist in guest's use of Airsoft/Archery equipment and guest's participation in such activities and/or use of such equipment may result in guest's injury or illness including but not limited to bodily injury, disease strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death or other ailments that could cause serious disability; (b) these risks and dangers may be caused by the negligence of the owners, employees, officers or agents of Camp Lokahi: the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes: and (c) by guest's participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, employees of Camp Lokahi or by any other person.
10. It is hereby acknowledged that the undersigned leave the said child with the said Camp at their own risk and the said Camp shall not be liable for any damages arising from any personal injuries sustained by the child, in or about the lands and premises of the Camp or while engaged in or attending any classes, exercise, activities, programs or events whether on or off the lands of Camp Lokahi.

I hereby certify that I have read, understood and accept the content of this registration.

Parent/Guardian Signature: _____

Parent/Guardian Name: _____

Date: _____

Signature and payment
required to complete registration.

Additional consent for Airsoft/Archery tracks: I give permission for my child ("guest") to participate in Airsoft Gun or Archery activities: Yes ___ No ___

Camp Lokahi

PO Box 1137, Kapa'au, HI 96755

Ph: (808) 889-5082

islandbreezehawaii@gmail.com

FOR OFFICE USE ONLY:

Date Form Rec'd: ___/___/___ Date Payment Rec'd: ___/___/___ Payment Type: _____
 Payment Amount: _____ Date Rental Fee Rec'd: ___/___/___ (if applicable)