



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

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 Guardians Email: _____
Address: _____
City: _____ Zip Code: _____
Third Party Emergency Contact: _____ Phone # _____
Health Insurance Carrier: _____
Policy #: _____
Allergies/Medications: _____

Payment:

Camp Fees Due: \$115.00

Form of Payment (select one):

Cash Check (payable to: Island Breeze Ministries) Credit Card (\$7 fee)
 Request a Scholarship Sponsor a Camper

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): _____

*We will send a letter with more information on the camp once we receive the completed applications.

Camp Lokahi

PO Box 1137, Kapa'au, HI 96755 | Ph: (808) 889-5082 | islandbreezehawaii@gmail.com

**Signature and payment required to complete registration.



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 a 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 the 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 un- foreseeable 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:** _____

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Covid-19 Protocol

We will do our best to keep everyone safe with cleaning and safety protocols.

Our initial Covid protocol will be receiving a NEGATIVE Covid test, taken on the day of arrival. We will have a test available for \$5.

Please check one

Test on arrival_____

Will arrive with test results_____

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FOR OFFICE USE ONLY: Date Form Rec'd: ___/___/___
Date Payment Rec'd: ___/___/___ Payment Type: _____
Payment Amount: _____ Date Rental Fee Rec'd: ___/___/___ (if applicable)
Covid Test Results _____