



Moloka'i Youth Center

Post Office Box 2047 Kaunakakai, Hawaii'i 96748 210 Kolapa Place
Phone: 808-553-3675 Fax: 808-213-0666 E-mail: mcsc@molokai.org Website: www.molokai.org

Aloha Parents and Guardians,

Moloka'i Youth Center's Summer Intercession program Mohala Na Pua, begins **June 5th - July 20th, 2018**. We have an exciting program filled with fun, physical, educational, and cultural activities to stimulate your youth's mind, body, and spirit. MYC provides services to youths between the ages of 8-17. All services and activities are offered free of charge.

This summer the Moloka'i Youth Center building will be under construction/renovation, therefore Mohala Na Pua will be at a different location. MYC will notify you of the temporary location when it has been confirmed.

Our Mohala Na Pua program hours are **8:00am-4:30pm Monday-Friday**. **Fridays are fieldtrip** days so please be sure to pack your child's appropriate necessities.

***HOLIDAYS-NO MOHALA PROGRAM: JUNE 11, 2018 and JULY 4, 2018.**

Reminders:

- **Daily meals:** Please provide your child with breakfast, lunch, snacks and water
- **Field Trip/Pool Days:** Don't forget to pack proper swim attire (extra clothes/towel), lunch, water and sunscreen.
- **Covered shoes need to be worn for outdoor sports.**
- **Drop off:** Doors open at **8:00am**.
- **Pick up:** The parent or an authorized person may pick up your child at any time before 4:30 pm.

Should you have any questions, please call me at 553-3675.

Mahalo,

Andrea L Dudoit

Andrea L Dudoit
Director
Moloka'i Youth Center
Business: 808-553-3675
Fax: 808-213-0666
andread@molokai.org

A program of the Moloka'i Community Service Council



Moloka'i Youth Center: Mohala Na Pua

Summer Intercession

June 5th- July 20th, 2018

Registration Form

Student Information:

Participant's Name: _____ D.O.B: _____ Grade: _____ Age: _____

Participant's Name: _____ D.O.B: _____ Grade: _____ Age: _____

Participant's Name: _____ D.O.B: _____ Grade: _____ Age: _____

Participant's Name: _____ D.O.B: _____ Grade: _____ Age: _____

Emergency Contact Information:

Emergency Contact	Telephone	Relation to Youth
1. _____	_____	_____
2. _____	_____	_____

Medical Insurance _____ Medical # _____

Physician _____ Telephone _____

Please list any concerns staff may need to know regarding your youth including allergies:

See back of form

Authorized person(s) to drop off and/or pick up my child:

Name: _____ Relation to Youth: _____

Phone number: _____

Name: _____ Relation to Youth: _____

Phone number: _____

Parent/Guardian Information:

Contact Name _____ Home phone number: _____

Work phone number: _____ Cell phone number: _____

Parent/Guardian Signature: _____ Date: _____

***Please keep the cover letter and submit the REGISTRATION FORM, WAIVER and PHOTOGRAPHY RELEASE for MINOR CHILD or CHILDREN to the Moloka'i Youth Center.**



MOLOKA'I YOUTH CENTER WAIVER

NAME: _____ HAS MY PERMISSION TO PARTICIPATE
IN ***Mohala Na Pua Summer Program 2018*** with the ***Moloka'i Youth Center***

I ASSUME FULL RESPONSIBILITY FOR ALL RISKS OR INJURY arising from my child's participation of Moloka'i Youth Center's Mohala Na Pua Program, including risks of physical, emotional, and economic injuries, whether caused by the negligence of my child, Moloka'i Youth Center, or others. I agree not to hold Moloka'i Youth Center, its agents or employees/volunteers liable for any possible illness, accident, or injury which might occur during my child's participation in the Moloka'i Youth Center's Mohala Na Pua Program. I hereby agree to release and indemnify Moloka'i Youth Center, its agents and employees or volunteers, and the County of Maui and all claims from damages or injuries incurred by my child or family while my child is participating in the program. I understand that I retain liability for my child's actions at all times. I acknowledge that I have read and fully understand each provision of this Waiver and Release form, and I agree to abide by and be legally bound by each of these terms.

I hereby give my consent to representatives of the Moloka'i Youth Center to refer to my child, if ill or injured, to our Family Physician names. When there is no physician named, I hereby consent that representatives of the Moloka'i Youth Center may select a doctor at their discretion.

(Medical Insurance Number)	(Type of Insurance)
(Physician Name)	(Telephone Number)
(Emergency Contact Name & Number)	(Address)

Parent Signature

Date



Moloka'i Community Service Council

Post Office Box 2047 • Kaunakakai, Hawaii 96748

• Phone (808) 553-3244 • Fax: (808)553-3370 • Email: mcsc@molokai.org • Website: www.molokai.org

Photography Release for Minor Child or Children

I hereby authorize Moloka'i Youth Center (MYC), hereafter referred to as "Company", to publish photographs taken on behalf of its program of the minor child(ren) listed below, and our names and likenesses, for use in MYC's print, online and video productions, as well as other Company publications.

I hereby release and hold harmless MYC from any reasonable expectation of privacy or confidentiality for myself and for the minor child and/or children listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize MYC to use their likenesses and names.

I further acknowledge that participation is voluntary and that neither I, minor child, nor minor children will receive financial compensation of any type associated with the taking or publication of these photographs/videos or other company publications. I acknowledge and agree that publication of said photos/videos confers no rights of ownership or royalties whatsoever.

I hereby release MYC, its contractors, its employees and any third parties involved in the creation or publication of MYC publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

Authorization:

Printed Name: _____

Signature: _____ Date: _____

Address: _____

Names and Ages of Minor Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

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