

2019 SGO Kids Camp Registration Form

CHILD'S INFORMATION (PLEASE PRINT) LAST, FIRST, MIDDLE I.	Gender	Age	Birth Date
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

PROGRAM INFORMATION AND FEES

SGO Kids Camp is a childcare program provided by Kama'aina Kids at the Hilton Hawaiian Village for children, ages 5 through 14 years. Fees include transportation, admission, lunches, chaperones and insurance. **Registration deadline is Friday, March 1.** No on-site registration. **A minimum of 25 children in needed in order to conduct full or half day program.** Your credit card will not be charged until minimum # of children is met.

Please mark your program selections by checking the appropriate box.

Full Day Program (\$200/day)

- Fri., March 14: 8am-5pm; Pacific Aviation Museum, Lunch, Lawn Games
 Sat., March 15: 8am-5pm; Bishop Museum, Lunch, Swimming
 Sun., March 16: 8am-5pm; Sea Life Park, Lunch, Scavenger Hunt
 Mon., March 17: 8am-5pm; Honolulu Zoo, Lunch, Army Museum

\$200/day x _____ (# of days) x _____ (# of kids) = \$ _____

Half Day Program (\$170/day)

- Fri., March 14: 8am-2pm; Pacific Aviation Museum, Lunch
 Sat., March 15: 8am-2pm; Bishop Museum, Lunch
 Sun., March 16: 8am-2pm; Sea Life Park, Lunch
 Mon., March 17: 8am-2pm; Honolulu Zoo, Lunch

\$170/day x _____ (# of days) x _____ (# of kids) = \$ _____

PARENT/GUARDIAN INFORMATION (Children listed on this form will only be released to the following adults)

_____	_____	_____
Parent/Guardian	Cell Phone	Email Address
_____	_____	_____
Additional Parent/Guardian	Cell Phone	Email Address
_____	_____	_____
Emergency Contact	Cell Phone	Email Address
_____	_____	_____ / _____
Additional Authorized Pick-Up	Cell Phone	Hotel Name and Room Number

SPECIAL INSTRUCTIONS

Our child(ren) has/have the following medical conditions, allergies, language, dietary, and/or special needs: (please attach additional paper if necessary). Kama'aina Kids will contact you if necessary. Please note that youth who have fever will not be accepted in the program.

WAIVER AND RELEASE

I/We, the undersigned parent(s)/guardian(s), in consideration of the contracted youth program services ("Kama'aina Kids") providing child care for our child(ren)/ ward(s), named above, for the Society of Gynecologic Oncology ("the Association") in Honolulu, HI from 3/14/18 -- 3/17/18, as designated below, do for myself/ourselves, my/our heirs, executors, administrators and assignees, hereby release and discharge demands, actions, causes of action, or suits of any kind or nature whatsoever, which may arise from my/our child(ren)'s participation in the youth program, except for gross negligence or willful misconduct on the part of Kama'aina Kids or the Association's officers, directors, employees or agents. Furthermore, I/we agree to indemnify and to hold Kama'aina Kids & the Association harmless against loss from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever, that may hereafter be made or brought by my/our child(ren)/ ward(s) or by anyone on his/her/their behalf and I/we waive any and all rights of exemption under any federal and/or state laws against all such claims. I/We give my child(ren)/ward(s) permission to attend and participate in the activities conducted by Kama'aina Kids during the SGO Convention. These activities may include, but are not limited to aquatics, off-property excursions, van/ bus transportation, and enrichment activities. I/We authorize the Association & Kama'aina Kids to use my child's name and video or photograph at any time and in any manner in connection with its advertising, publicity, and public relations program. The video/photo may only be used by Kama'aina Kids or Association. No further claims will be made by me/us. Discipline is used to assure the safety and well-being of all program participants. All participants are expected to respect themselves, other people and their property. If a participant is not following the guidelines of the SGO kids program consistent with these expectations, the parent(s)/guardian(s) will be notified that the participant may not be included in further programs. I/We hereby authorize the organization providing child care and its employees to exercise these discipline policies in regard to my child. I/We understand that there will be no refunds for the youth program once payment is made.

I/We have read the above and understand this release. Furthermore, in the event of an emergency, the organization providing child care has my/our permission to administer first aid or obtain emergency medical treatment in our child's best interest. I/We agree to pay all expenses incurred due to an emergency involving our child.

Signature of Releaser: _____ Date: _____

PAYMENT INFORMATION (no refunds or cancellations once payment is made)

Payment Method: American Express VISA Master Card Discover

Card Number: _____ Security Code: _____ Exp. Date: _____

Total Amount to Be Charged: \$ _____ Cardholder Name (Print): _____

Signature: _____ Date: _____

Completed forms may be faxed to 808-261-8525, Attn: Kathy Hew or emailed to kathyhew@kamaainakids.com