

Huaka'i 'O Kanaloa-Kaho'olawe PKO REGISTRATION FORM

FOR ACCESS DATES OF: _____

NAME* _____ GROUP NAME _____

MAILING ADDRESS * _____

E-MAIL * _____

PHONE * _____ AGE (as of 03/22/16) _____

NAME/NUMBER OF EMERGENCY CONTACT _____
(*not on Kanaloa-Kaho'olawe with you*)

FOOD/DRUG/OTHER ALLERGIES/RESTRICTIONS _____

CURRENT PHYSICAL LIMITATIONS _____

CERTIFICATIONS (*please circle all that apply*)

| | | | |
|-----------|------|------------------------|-------------|
| FIRST AID | CPR | LIFEGUARD/WATER SAFETY | OTHER _____ |
| WOFR | ACLS | ATLS HAZMAT | OTHER _____ |

HUAKA'I COSTS - *Volunteers defray costs that are incurred for each huaka'i - round-trip bus transportation, round-trip boat transportation, meals, supplies and zodiac maintenance*

| | | |
|-------------|--------------------------------|-------|
| Five-day's: | \$110 (5 yrs. old and younger) | _____ |
| | \$190 (6 to 12 yrs. old) | _____ |
| | \$210 (13 yrs. old to adult) | _____ |

DONATION to PROTECT KAHO'OLAWE 'OHANA (PKO) _____

PKO T-SHIRT (circle one) S M L XL ___ x \$15 _____

XXL (add \$2) ___ x \$17 _____

TOTAL AMOUNT ENCLOSED \$ _____

Please complete and return this PKO Registration Form & PKO Release of Liability Agreement,
the KIRC Volunteer Agreement, and a check made payable to **Protect Kaho'olawe Fund**
****All refund requests must be submitted to the Access Coordinator at least 1 week prior to access entry date**

*Contact info is collected above for use before and during access for communication and health & safety purposes only. Please feel free to sign-up at anyone of the following networks: <http://kahoolawe.ning.com/>; <http://groups.yahoo.com/group/Kahoolawe/>; Facebook; MySpace.

I would like to be put on a mailing list to receive the Protect Kaho'olawe 'Ohana newsletter in the future. YES NO

Please contact Access Coordinator(s) Brutus LaBenz (808.497.8993 / brutusluv@gmail.com) with Protect Kaho'olawe 'Ohana for more information about this huaka'i.

FOR Access Coordinator USE ONLY:

| | | |
|---------------------------------|-------------|--|
| PKO REG | AF | \$ _____ (C/Ck# _____/PP: ___/___/___) |
| PKO LW dated: ___/___/201__ | OR | _____/_____/____ (Kua: _____) |
| KIRC L/W/E (4pg): ___/___/201__ | Makahiki OR | _____/_____/____ (Mo'o Lono: _____) |

MEDIA RELEASE

I hereby grant PKO my permission to photograph or videotape my or my child's participation as a volunteer and to use those images in any education or outreach activity (i.e. brochures, videos, displays, etc.) YES NO

GRANT INFORMATION

Providing this information will assist the Protect Kaho'olawe 'Ohana/Fund in collecting data that assists in fulfilling grant requirements.

I am Hawaiian (directly descended from inhabitants of what is now known as the Hawaiian islands prior to 1778). YES NO