

# Huaka'i 'O Kanaloa-Kaho'olawe PKO REGISTRATION FORM FOR ACCESS DATES OF:

NAME\* \_\_\_\_\_ GROUP NAME \_\_\_\_\_

MAILING ADDRESS \* \_\_\_\_\_

E-MAIL \* \_\_\_\_\_

PHONE \* \_\_\_\_\_ AGE (as of \_\_\_\_\_ ) \_\_\_\_\_

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

FOOD/DRUG/OTHER ALLERGIES/RESTRICTIONS \_\_\_\_\_

CURRENT PHYSICAL LIMITATIONS \_\_\_\_\_

**CERTIFICATIONS** (*please check all that apply*)

FIRST AID	CPR	LIFEGUARD/WATER SAFETY	
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*

4 - days:    **\$180** (5 yrs. old and younger)    \_\_\_\_\_

**\$170** (6 to 12 yrs. old)    \_\_\_\_\_

**\$200** (13 yrs. old to adult)    \_\_\_\_\_

PKO T-SHIRT (*c @ & \ one*)    **S    M    L    XL**    **x \$15**    \_\_\_\_\_

**XXL** (*add \$2*)    **x \$17**    \_\_\_\_\_

**DONATION to PROTECT KAHO'OLAWE 'OHANA (PKO)**    \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED**    \_\_\_\_\_

Please complete and return this PKO Registration Form, PKO-PKF Waiver Form, the KIRC Volunteer Agreement, and a check made payable to **Protect Kaho'olawe Fund (PKF)**  
**\*\*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, health and safety purposes only.

Please feel free to sign-up at anyone of the following networks: <http://www.protectkahoolaweohana.org> ; Protect Kaho'olawe 'Ohana Facebook and Instagram

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)** ..... **with Protect Kaho'olawe 'O\ UbU**  
**ʔf'a cfY]bʔfa U]cb'UVci hiʔ ]g'huaka'i.**

<b>FOR Access Coordinator USE ONLY:</b>	
PKO REG _____	AF    \$ _____ (C/Ck# _____ /PP: ____/____/____)
PKO LW dated: ____/____/202__	OR    _____ (Kua: _____)
KIRC L/W/E (4pg): ____/____/202__	Makahiki OR ____/____/____ (Mo'o Lono: _____)

**Huaka'i 'O Kanaloa-Kaho'olawe**  
**PKO REGISTRATION FORM (continued)**  
**FOR ACCESS DATES OF:**

**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

This is my first time volunteering on Kanaloa-Kaho'olawe with the Protect Kaho'olawe 'Ohana (PKO).

YES

NO