

# 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 circle all that apply*)

FIRST AID	CPR	LIFEGUARD/WATER SAFETY	
WOFR	ACLS	ATLS	HAZMMAT
			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*

**Four-day's: \$110** (5 yrs. old and younger) \_\_\_\_\_

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

**\$190** (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.**

**FOR Access Coordinator USE ONLY:**  
PKO REG \_\_\_\_\_  
PKO LW dated: \_\_\_/\_\_\_/201\_\_  
KIRC L/W/E (4pg): \_\_\_/\_\_\_/201\_\_

AF    \$ \_\_\_\_\_ (C/Ck# \_\_\_\_\_/PP: \_\_\_/\_\_\_/\_\_\_)  
OR    \_\_\_/\_\_\_/\_\_\_ (Kua: \_\_\_\_\_)  
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