

REGISTRATION FOR SPECIAL PROGRAMS - WINNERS' CAMP FOUNDATION & HAWAI'I LEADERSHIP ACADEMY

Date of Program you Wish to Attend:

Name of Program:

First Name:

Last Name:

Name you like to be called:

Your E-mail:

Phone:

Address:

City:

State:

Zip code:

Birthday (mm/dd/yyyy):

Gender:

- Male
- Female

Ethnic Background:

Current School (if applicable):

Current Grade:

Parent/Guardian Full Name: (for applicants under 18)

Parent's Email Address:

Phone:

Cell Phone:

Parent Place of Employment:

Mailing Address, if different:

City:

State:

Zip:

MEDICAL INFORMATION

Do you have any allergies or hypersensitivities? Yes No

If yes, please describe:

List medications you are taking now and for what condition(s):

Name of Health Insurance Company:

Name of Parent or Guardian on insurance policy:

Name of Insured on Policy:

Policy Number:

Winners' Camp Foundation staff and facilitators strive to produce a safe supportive environment at all times. We are rigorous with our standards of excellence in all areas of our programs. The following waiver is required for legal purposes, mahalo.

I release Winners' Camp Foundation and its staff and facilitators from any liability incurred as a direct result of my or my child's participation in this program. I also authorize a Winners' Camp representative to be an agent for the applicant to consent to any diagnostic procedure (including x-rays), to the administration of any medical or surgical treatment, or to any hospital care when any or all rendered under the general supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act. THE AUTHORIZATION IS GIVEN IN ADVANCE OF ANY SPECIFIC DIAGNOSIS, TREATMENT, OR MEDICAL CARE BEING REQUIRED.

I agree to the above terms (to be checked by applicant).

I, _____, am the parent/guardian of the under-18 participant and I agree to the above terms.

Contact Information:
Winners' Camp Foundation & Hawai'i Leadership Academy
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